

***WASHINGTON STATE'S  
Individuals with  
Disabilities Education Act (IDEA)  
Early Intervention Section***

***Department of Social and Health Services  
Infant Toddler Early Intervention Program  
1998-2002***

***APPLICATION FOR FEDERAL ASSISTANCE  
To***

***Department of Education  
Office of Special Education Programs  
Washington, D.C. 20202-4717***

***Federal Fiscal Year 2001 Application***



# INTRODUCTION

The Department of Social and Health Services (DSHS) is designated by the Governor to serve as the State Lead Agency for carrying out the provisions of the early intervention section of the Individuals with Disabilities Education Act (IDEA), and to receive funds for Year 9 and beyond.

DSHS and the Washington State Interagency Coordinating Council continue to coordinate the implementation of IDEA early intervention services with four other participating agencies:

- Department of Community, Trade and Economic Development;
- Department of Health;
- Department of Services for the Blind;
- Office of the Superintendent of Public Instruction.; and
- Within all divisions of DSHS.

On August 4, 1989, a Centennial Accord was executed between the Federally Recognized Indian Tribes of Washington and the state of Washington, through the Governor. To better achieve mutual goals through an improved relationship between governments, this Accord provides a framework for implementation procedures to assure execution of that government-to-government relationship.

The Accord outlined a process which resulted in DSHS reorganizing its contracting process to include a consistent recognition of tribal sovereignty and allows each program to contract with a Tribe. DSHS continues to coordinate, collaborate and contract with all interested Tribes for IDEA early intervention services.

# WASHINGTON STATE'S THREE YEAR APPLICATION

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# **SECTION I**

## **SUBMISSION STATEMENTS, ASSURANCES, AND CERTIFICATIONS**

Submission Statement for Part C of IDEA  
(CFDA No. 84-181A)

Please check the option that the State is using for this Federal Fiscal Year.

  X   The State has on file with the U.S. Secretary of Education policies, procedures, and assurances that meet the eligibility requirements of Part C of the Act, including policies, procedures, and assurances filed before July 1, 1998. No changes to the previously submitted policies, procedures, and assurances are necessary. Therefore, the State is not submitting modifications to the policies and procedures on file with the Secretary.

       The State is submitting modifications to State policies and procedures. These modifications are listed in Part II of this State application and include modifications: (1) deemed necessary by the State, for example when the State revises applicable State law or regulations; (2) required by the Secretary because there is a new interpretation of the Act or regulations by a federal court or the State's highest court; and/or (3) because of an official finding of noncompliance with Federal law or regulation.

       The State is submitting a new application

I, the undersigned authorized official of the.

Washington State, Department of Social and Health Services

(Name of State and official name of State agency)

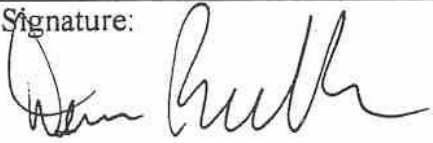
have been designated by the Governor of this State to submit this application for Fiscal Year 2001 funds under Part C of the Individuals with Disabilities Act (IDEA).

## Assurances and Certifications

The Lead Agency hereby declares that it has filed the following assurances and certifications with the U.S. Department of Education, and, as of the date of the signature below, reaffirms and incorporates by reference those assurances and certifications with respect to Part C of IDEA. The Lead Agency certifies that no circumstances affecting the validity of these assurances have changes since their previous filing.

- As applicable, the assurance in OMB Standard Form 424B (Assurances for Non-Construction Programs), relating to legal authority to apply for assistance; access to records; conflict of interest; merit systems; nondiscrimination; Hatch Act provisions; labor standards; flood insurance; environmental standards; wild and scenic river systems; historic preservation; protection of human subjects; animal welfare; lead-based paint; Single Audit Act; and general agreement to comply with all Federal laws, executive orders and regulations.
- The three certifications in ED Form 80-0013, regarding lobbying, debarment/suspension/responsibility status, and drug-free workplace.
- With respect to the Certification Regarding Lobbying, the Lead Agency recertifies that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; that the Lead Agency shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying”, when required (34 CFR Part 82, Appendix B); and that the Lead Agency shall require the full certification, as set forth in 34 CFR Part 82, Appendix A, in the award documents for all subawards at all tiers.
- The certifications in the Education Department General Administrative Regulations (EDGAR) §76.104, relating to State eligibility, authority and approval to submit and carry out the provisions of its State application, and consistency of the application with State law.
- The assurances in 34 CFR §§303.121-303.128, 303.140 and 303.144.
- The State has on file a description of the steps the State is taking to ensure equitable access to and participation in Part C for eligible applicants. As required by §427 of the General Education Provisions Act (GEPA), the State has identified barriers and developed strategies to address the barriers.

I certify that the State of Washington will operate its Part C program in accordance with the assurances required by the regulations and certifications on file and that as of the date of submission of this statement none of the facts have changed upon which those certifications and assurances were made.

Name of Applicant: Washington Department of Social and Health Services	Program: Infant Toddler Early Intervention Program
Printed Name and Title of Authorized Representative of the State: Dennis Braddock, Secretary	
Signature: 	Date: 2/27/01



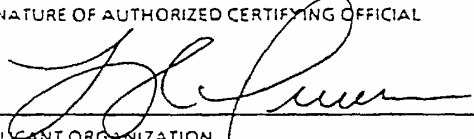
## ASSURANCES — NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the Nation Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE  Secretary	
APPLICANT ORGANIZATION Department of Social and Health Services		DATE SUBMITTED January 23, 1998

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## CERTIFICATION REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant or cooperative agreement.

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### 1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

### 2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.100 --

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

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### 3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610 --

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

- (b) Establishing an on-going drug-free awareness program to inform employees about --

- (1) The dangers of drug abuse in the workplace;

- (2) The grantee's policy of maintaining a drug-free workplace;

- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and

- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will

- (1) Abide by the terms of the statement; and

- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 7th & D Streets, S.W. (Room 3124, GSA Regional Office Building No. 3), Washington, DC 20202-4571. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted -

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (e), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant: Place of Performance (Street address, city, county, state, zip code)

Check ☐ if there are workplaces on file that are not identified here.

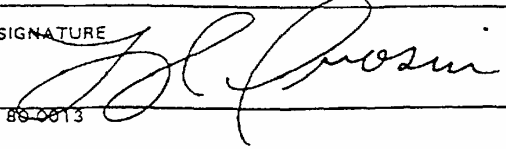
**DRUG-FREE WORKPLACE**  
**(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees as defined at 34 CFR Part 85, Sections 85.605 and 85.610 -

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants and Contracts Service; U.S. Department of Education; 7th & D Streets, S.W.; (Room 3124, GSA Regional Office Building No. 3), Washington, DC 20202-4571. Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

NAME OF APPLICANT		PR/AWARD NUMBER AND/OR PROJECT NAME	
Washington State Department of Social and Health Services		Infant Toddler Early Intervention Program	
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE			
Lyle Quasim Secretary			
SIGNATURE		DATE	
		January 23, 1998	

ED 89-0013

## STEPS TO ENSURE EQUITABLE ACCESS TO PARTICIPATION FOR ELIGIBLE PARTICIPANTS

The Department of Social and Health Services (DSHS) serves as the State Lead Agency for the collaborative implementation and monitoring of a comprehensive statewide system of early intervention services for children, birth to three, with disabilities and their families. The federally funded Infant Toddler Early Intervention Program, housed within DSHS Division of Developmental Disabilities, has made significant progress toward the vision of a family-centered and community-based approach to supporting children birth to three and their families. This has and continues to be through partnerships with other state and local agencies, Tribal Governments, families, service providers, family support networks, and the Washington State Migrant Council. This multi-agency and community-based approach builds on existing formal and informal support networks and resources, which promotes the integration of the child and family within the community.

The Washington State Interagency Coordinating Council (SICC) meets at least quarterly. All SICC meetings are open to the public. The SICC welcomes parents and members of the public to share information and concerns regarding early intervention services for infants and toddlers with disabilities and their families. Input may be provided verbally and/or in writing. Statewide recruitment is also implemented throughout the year to assure community service providers and families are invited to assist as sub-committee and Ad Hoc committee members. This allows for additional input and assists the members of the SICC. SICC parent members and sub-committee members are provided reimbursement for travel and childcare expenses. Interpreters for the deaf/hard of hearing or non-English speaking citizens, Braille and large print materials, and other auxiliary aids are available by request for SICC meetings. In addition, in January 1997, the SICC and ITEIP began facilitating Conversations with Families on the morning of the quarterly SICC meetings in order to give parents and families another avenue of input to the SICC. At that time, the SICC began rotating meeting sites throughout the state to facilitate parents, service providers and community members' attendance at both meetings.

IDEA early intervention funds are made available to each geographic area of the state to expand and improve early intervention services. ITEIP contracts with a local lead agency, locally designated and supported by a County Interagency Coordinating Council (CICC) within that area. The early intervention funds must be used to enhance existing services and not supplant or duplicate other local, state or federal funds or resources. The early intervention services contractors are required to work with the SICC and CICC to make use of parental, family and community input and ensure broad-based services and support are available within the service area. (See Appendix for CICC Statement of Work, which includes a listing of recommended membership for each Council and the Early Intervention Services Statement of Work for how services are provided and coordinated with CICC.)

ITEIP activities are to be respectful and value the diversity of all families, providers and staff. Direct services must be delivered in a family-centered fashion and provided to infants and toddlers with their family's involvement and approval in a culturally appropriate way. Tribal governments are respected as sovereign nations and encouraged to participate in IDEA Early Intervention activities as such. Tribal governments were given the opportunity to apply directly with ITEIP or subcontract locally with the early intervention services contractors. This arrangement needs to be coordinated locally with technical assistance provided by ITEIP and the DSHS Office of Indian

Policy and Support Services. The funding for a county remains the same whether contracts occur directly with ITEIP or are subcontracted through local lead agencies. All contracts are noncompetitive. (See Section IV of application regarding contracting for services.)

The Program maintains contracts for:

- County Interagency Coordinating Councils (CICCs), which are required and supported in each county or group of counties to assist in coordination of early intervention services at the community level. The Councils focus on making services easier for families to access and building community capacity for early intervention services. CICCs members represent social and health departments/districts/agencies, Tribes, parents, family members, school districts, early intervention service providers, medical providers, mental health providers, higher education personnel, Washington State Migrant Council, service providers of minority and/or special populations, child care providers, and other public and private agencies. (Note: All 39 Washington State counties are included in contracts. Some counties choose to combine with another county or counties.)
- Early Intervention Services: These contracts require local contractors to develop a system in coordination with the local CICC for implementing the IDEA early intervention services regulations. Each contractor must develop a plan for implementing these services and develop and implement interagency agreements in their geographic service area, which denote the obligations of each agency/provider in the system. The early intervention services contracts require Family Resources Coordination in geographic areas throughout the state to help connect families with appropriate services in their communities. These contracts also facilitate Family Resources Coordination by assisting a child who is eligible and his/her family to receive the rights, procedural safeguards, and services that are authorized under IDEA early intervention. Continuing efforts to include Tribes and migrant organizations are a priority in contracting for early intervention services and CICCs.

The early intervention services contractors, in collaboration with the CICCs, coordinate the development of local early intervention service delivery plans and interagency agreements annually. Local service plan requirements include:

- ◆ A description of current early intervention services including identified gaps in services;
  - ◆ A description of how services will be coordinated;
  - ◆ A description of how Family Resources (service) Coordination will occur; and
  - ◆ Documentation of the planning process and the people involved in obtaining consensus and support for the plan, lead agency and budget.
- Parent Participation: ITEIP's goal is to expand and maintain opportunities for parents to be involved in early intervention development and implementation at all levels of government. The Parent Participation Coordinator position was established in 1987 to assist in achieving this goal. Parent Participation Coordination expands and maintains opportunities for parents to be involved in the development and implementation process at the local, state, and national level. The coordinator's responsibilities include:
    - ◆ Providing information, technical assistance and training statewide on family centered care;
    - ◆ Assisting with recruitment and training of SICC and CICC parent representatives;

- ◆ Providing community parent training to increase awareness of the parent and families role in the early intervention section of IDEA;
  - ◆ Facilitating public awareness and outreach activities; and
  - ◆ Providing input to the ITEIP regarding trends, perceptions, and needs of families.
- Facilitation of additional outreach activities for children and their families who are yet unidentified or unserved.
  - A central directory which uses a statewide toll free number for the “Healthy Mothers Healthy Babies” Hotline to provide resources and service networks for children both statewide and at the local level. This twenty-four hour directory assistance is available in English and Spanish, with referrals to interpreters for other languages. It connects families to local service coordination and support organizations.
  - Parent participation in statewide conferences relating to early intervention. ITEIP provides funding for parent scholarships to the Infant and Early Childhood Conference and the two annual Washington Association for the Education of Young Children conferences.
  - Statewide training which involves and values parent perspectives. The Western Washington University contract specifies parent consultants to assist in IDEA early intervention training related to the delivery of services. In addition, this contractor is developing training options which include “Team Approaches to Evaluation & Assessment” and “Writing Functional IFSPs as a Team”. These trainings are delivered to selected teams. Each team must include a parent from the team’s local area, and the parent will be provided reimbursement for travel and childcare expenses.

## **Publications**

**A Family’s Guide to Early Intervention** - A booklet developed in 1995 to provide parents and families with a more in-depth description of early intervention services and their rights under IDEA. This booklet is available in English, Spanish, Russian, Chinese, Cambodian, Vietnamese, Laotian, and Korean. The booklets are available to parents and service providers through the local public awareness contact.

**It Can't Hurt to Ask** - A generic brochure and poster campaign which allows for adaptation by individual service areas and is a vital part of IDEA Early Intervention public awareness. These materials are available in English and Spanish. Local providers obtain these materials through the local public awareness contact.

**Parent Rights Brochure** - A document developed in 1995 to provide parents with an easily understood guide to IDEA early intervention services in Washington State. Brochures are available in English, Spanish, Russian, Chinese, Cambodian, Vietnamese, and Laotian. The brochures are available to parents and service providers through the local public awareness contact and are to be handed out as a summary when Family Resource Coordinators and service providers verbally explain the parent’s rights.

**Prescreen Chart** - Developed in 1986, this has been a mainstay of the public awareness program; colorful and popular, the chart is a guide for development birth through six. It is available in English, Spanish and Russian. Other languages, available in camera-ready black and white copies,

are Cambodian, Chinese, Farsi, H'Mong, Ethiopian-Amharic, Ethiopian-Tigrignah, Hungarian, Korean, Laotian, Polish, and Vietnamese.

**Principals, Procedural Safeguards & Guidelines** - A document which focuses on the requirements for service providers participating in IDEA early intervention services. The guidelines are meant to assist with implementation and make it easier for families and providers to understand the requirements of IDEA. Contractors are contractually required to share this booklet with service providers in their geographic area.

**The Self-Assessment Tool** - A document designed by the SICC Self-Assessment Ad Hoc Committee to be used by the contractor in conjunction with service providers and parents in their geographic area. This tool was re-evaluated by the Ad-Hoc Committee in Year 6 and it was determined through surveys of contractors that the tool, while effective, did not adequately evaluate a contractor's compliance with IDEA. Therefore, the committee developed a new tool for use by contractors which focuses on compliance with federal requirements. Distribution and use of the first Self-Assessment Tool was contractually required during Year 6. In Year 7, contractors have been required to use the new tool.

**Internet** - During Year 6 ITEIP went online with all program staff having Internet e-mail addresses. This was a natural progression to improved access to early intervention information for families and providers in Washington State. ITEIP has completed a homepage which links to many of the disability resources on the World Wide Web. ITEIP's homepage address is <http://www.wa.gov/dshs/iteip/iteip.html>.

**Washington's Infant Toddler Early Intervention Study** - This report presents information on infants and toddlers, birth to three, with disabilities enrolled in public services provided by child development programs, neurodevelopmental centers, schools, local health jurisdictions and all locally designed early intervention services contractors.

Alternative media formats such as Braille, audio tapes, and interpreter services for spoken dialects are provided on a case by case basis at the local level.



# **SECTION II**

## **INTERAGENCY AGREEMENT FOR WASHINGTON STATE'S INFANT TODDLER EARLY INTERVENTION PROGRAM**

INTERAGENCY AGREEMENT  
BETWEEN  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
OFFICE OF COMMUNITY DEVELOPMENT  
DEPARTMENT OF HEALTH  
DEPARTMENT OF SERVICES FOR THE BLIND  
OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

FOR EARLY INTERVENTION SERVICES FOR INFANTS AND TODDLERS  
WITH DISABILITIES FROM BIRTH TO AGE THREE AND THEIR FAMILIES

***SECTION I***

**PURPOSE AND INTENT:**

The Department of Social and Health Services is the Governor appointed state lead agency for implementing the early intervention section (Part C) of the Individuals with Disabilities Education Act (IDEA). This early intervention program (Part C) is administered by the Division of Developmental Disabilities, Infant Toddler Early Intervention Program, hereafter referred to as the Infant Toddler Program. The Washington State Department of Social and Health Services (DSHS), Office of Community Development (OCD), Department of Health (DOH), Department of Services for the Blind (DSB), and the Office of Superintendent of Public Instruction (OSPI), hereafter referred to as the Agencies, confirm the intent to work proactively as partners to coordinate and implement a comprehensive statewide system of early intervention services for eligible infants and toddlers with disabilities birth to three years and their families.

The purpose of this agreement is to assure cooperation in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, and interagency service delivery system for infants and toddlers with disabilities and their families. No single state agency has all the necessary resources to implement a comprehensive early intervention services system. This agreement enhances other interagency and interdepartmental agreements and policy statements with state agencies involved in delivering services to infants and toddlers with disabilities and their families.

## ***SECTION II***

### **PRINCIPLES:**

The following principles are reflected within the early intervention services system throughout Washington State:

#### **Family centered supports and services that:**

- Recognize the changing nature of families and the developmental needs of children;
- Listen to what individuals and families say they need, and assist families to meet their needs in a way that maintains dignity and respects their choices; and
- Emphasize strengths and individual needs of infants and toddlers with disabilities and include natural settings and supports.

#### **Culturally relevant supports and services that:**

- Respect the culture and beliefs of each family and use them as resources on behalf of the family; and
- Provide diverse communities with equal access to planning and programs.

#### **Coordinated services that:**

- Encourage coordination and innovation by providing both formal and informal ways for people to collaborate in planning, problem solving, and service delivery; and
- Allow families, providers, community people, and other agencies to creatively provide the most effective, responsive, and flexible services.

#### **Locally planned supports and services that:**

- Respect the special characteristics, needs and strengths of each community; and
- Include a cross-section of local community partners from the public, private, and tribal sectors in the planning and delivery of services and supports.

#### **Community-based prevention that:**

- Creates positive conditions in communities, promotes the well being of families, and reduces the need for future services.

#### **Outcome-based supports and services that:**

- Use indicators that reflect goals established by families and communities; and
- Work towards these goals and outcomes in each agency.

#### **Customer service that:**

- Is provided by courteous, sensitive, and competent individuals.

**Creativity that:**

- Increases the flexibility of funding and programs to promote innovation in planning, development, and provision of quality services; and
- Eliminates barriers to coordination and quality services.

**SECTION III****DURATION:**

This agreement begins when signed by the Agencies and is valid through September 30, 2002. This agreement shall be reviewed annually and/or when circumstances necessitate a revision or change, or one party to this agreement requests a review.

**SECTION IV****AUTHORITIES:**

The following federal and state statutes provide the authority and support to enter into this interagency agreement:

- Public Law 105-17: The Individuals with Disabilities Education Act (IDEA), Parts B and C.
- RCW 74.14A.025 and 70.195: Public Health and Safety (Family Policy) and Early Intervention Services – Birth to Six.
- RCW 71A.12.030 and 120: Department of Social and Health Services Division of Developmental Disabilities.
- RCW 74.18.190 Department of Services for the Blind, Child and Family Program.

**SECTION V****INTERAGENCY COORDINATION:**

Interagency coordination is essential at all levels of the early intervention service delivery system.

The Agencies agree to:

- Continue to promote the integration of education, health, and social services.
- Streamline and coordinate regulatory reform activities and efforts.
-

- Identify, develop, and implement strategies to resolve unmet needs in early intervention services, including fiscal, personnel, and other resource needs.
- Coordinate data collection efforts required in IDEA 1997 reauthorization.
- Coordinate and support efforts in meeting the standards as set forth in the early intervention section of IDEA.
- Support family-centered service delivery based on the developmental needs of infants and toddlers with disabilities, which includes referrals to the Family Resources Coordinator.
- Coordinate the marketing and the provision of training and personnel development across systems.
- Encourage and support the distribution of public awareness information and materials regarding the Infant Toddler Program.
- Promote collaborative planning and participation in the development of Individualized Family Service Plans (IFSP).
- Coordinate early intervention services to avoid duplication and assure maintenance of effort.
- Support the efforts of County Interagency Coordinating Councils (CICC) and encourage local service providers to participate on CICC.
- Participate on the State Interagency Coordinating Council.
- Encourage local interagency agreements to support the coordination of early intervention services.
- Encourage the provision of consultative services to other public and private service providers.

## **SECTION VI**

### **INTERAGENCY AGREEMENTS**

### **Section II-4**

## WASHINGTON STATE EARLY INTERVENTION SERVICES

No single agency is solely responsible for the early intervention services provided in Washington State. The services listed on this chart and on the following page define which Agencies provide each required service as defined by the early intervention section of IDEA. Each Agency's role is defined as either provider/payer of the service, coordination of the service, or not a service provider within current eligibility.

SPECIFIC SERVICES	DCTED ECEAP	DOH DCFH/ CSHCN	DSHS DASA	DSHS CA	DSHS ITEIP	DSHS DDD	DSHS INDIAN POLICY & SVCS	DSHS MAA FIRST STEPS	DSHS MHD	DSHS OCCP	DSHS ODHHS	TRIBAL GOVT	DSB	BIA
Early Identification & Screening/Child Find	*	P*	*	*	P*	P	*	P*	P*	*	P*	P*	*	P*
Multidisciplinary Evaluation and Assessment	N	P*	N	P*	P*	P	*	P*	*	N	*	P*	*	P*
Case Management	*	P*	*	*	P*	P	*	P*	P*	N	*	*	P*	*
Medical/Health Services	N	P*	*	N	P*	*	*	P*	*	N	*	P*	*	P*
Special Instruction	N	*	N	N	P*	*	*	N	N	N	*	P*	*	P*
Other Early Intervention Services (1)	N	P*	P*	*	P*	P	*	P*	N	N	P*	P*	*	P*
Family Resources Coordination including Transition	*	*	*	*	P*	*	*	*	*	*	*	*	*	*
Transportation	N	*	N	*	P*	P	*	P*	N	N	*	*	N	*
Family Training & Counseling (2)	N	P*	P*	P*	P*	P	*	*	P*	N	*	P*	*	P*
Consultation to Agencies (3)	*	P*	P*	*	P*	P	P*	*	P*	P*	P*	P*	P*	P*

P = Provider or payer of service within current eligibility resource capacity

\* = Participates in the coordination of the service

N = Not a service provider within current eligibility resource capacity

- 1) Other Early Intervention Services includes assistive technology, audiology, nursing, nutrition, occupational therapy, physical therapy, orientation and mobility, psychological, social work, speech/language therapy and vision. Agencies may provide or pay for some or all of the above specialized services within current eligibility.
- 2) Family Training and Counseling means services provided by social workers, psychologists, and other qualified personnel to assist families in understanding their child's needs and enhancing their child's development.
- 3) Consultation to Agencies means training and technical assistance to public or private agencies and program staff. It focuses on enhancing the capacity of personnel and programs to serve infants and toddlers with disabilities.
- 4) DSHS DDD is the IDEA early intervention programmatic home. The Infant Toddler Early Intervention Program is payer of last resort for services listed above.

OCD = Office of Community Development  
ECEAP = Early Childhood Education and Assistance Program  
DOH = Department of Health (+)  
DCFH = Division of Community and Family Health  
ITEIP = Infant Toddler Early Intervention Program  
MAA = Medical Assistance Administration including First Steps  
MHD = Mental Health Division  
BIA = Bureau of Indian Affairs

DSHS = Department of Social and Health Services  
DASA = Division of Alcohol and Substance Abuse  
CA = Children's Administration  
DDD = Division of Developmental Disabilities  
CSHCN = Children with Special Health Care Needs  
DSB = Department of Services for the Blind  
OCCP = Office of Child Care Policy  
ODHHS = Office of Deaf and Hard of Hearing Service

## INTERAGENCY AGREEMENTS

## Section II-5

## **OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION (OSPI)**

For this interagency agreement, the OSPI will implement the following responsibilities:

1. Continue to encourage school districts to provide Part B special education and related services for children ages birth to three years with disabilities through local public school districts.
2. Assure that special education and related services are provided to children with disabilities at no cost to the family.
3. Assure the implementation of a statewide comprehensive childfind system for the purpose of locating, evaluating, and identifying children with a suspected disability, consistent with Part B requirements for children birth to three years old.
4. Assure the provision of procedural safeguards consistent with Part B requirements for those families receiving Part B services.
5. Encourage school districts to collaborate with Family Resources Coordinators in the areas of referral, development of IEP/IFSPs, provision of services and procedural safeguards consistent with the early intervention section of IDEA.
6. Assure school districts' participation in transition planning conferences arranged by the designated early intervention services contractor.
7. Assist DSHS as the early intervention state lead agency in implementing federal and state reporting requirements.
8. Promote efforts in implementing a Comprehensive System of Personnel Development plan to include cross system training for school districts and local early intervention service providers.

## **SECTION VII**

### **AGENCY DISPUTE RESOLUTION:**

System disputes concerning IDEA early intervention services may occur among providers or Agencies. Disputes may include inter- and intra-agency issues of compliance with the federal statutory and regulatory expectations of the early intervention section of IDEA; the responsibility for provision of or payment for any of the early intervention services; the process for evaluation and placement; or other matters related to the Infant Toddler Early Intervention Program.

1. Each Agency shall resolve internal disputes based on their respective procedures in a timely manner.
2. In the event that interagency disputes arise related to this agreement; or disputes arise about payments or other matters related to the State's early intervention program, the Agencies may elect mediation to resolve the dispute or refer the dispute to the Dispute Board. In the event that mediation cannot resolve the dispute; it must be referred to the Dispute Board for timely resolution.
3. The Dispute Board will be appointed and convened as disputes arise. The following members will comprise the Dispute Board:
  - DSHS shall appoint a member to the Dispute Board;
  - DCTED shall appoint a member to the Dispute Board;
  - DOH shall appoint a member to the Dispute Board;
  - DSB shall appoint a member to the Dispute Board;
  - OSPI shall appoint a member to the Dispute Board; and
  - The Chair of the State Interagency Coordinating Council is a member of the Dispute Board and will serve as the Board's Chair.
4. While disputes are pending involving payment for or provision of different required services, the DSHS shall:
  - Assign financial responsibility to an Agency to the extent of the Agency's responsibility to pay for services in accordance with the payor of last resort provision; or
  - Pay for the service in accordance with the payor of last resort provisions.
5. If in resolving a dispute it is determined that the assignment of fiscal responsibility was inappropriate, DSHS shall reassign responsibility to the appropriate Agency.
6. Based on the outcome of the dispute resolution, DSHS shall make arrangements for reimbursement of costs incurred by the Agency originally assigned the fiscal responsibility, if appropriate.



7. The decision of the Dispute Board shall be final.
8. To the extent necessary to ensure compliance with the Dispute Board's decision, if any Agency involved in the dispute is not satisfied with the Dispute Board's decision, the Agency may request the decision be referred to the Governor.
9. DSHS assures that services are provided to eligible infants and toddlers and their families in a timely manner, pending resolution of dispute(s).

IN WITNESS WHEREOF, the signed parties have executed this agreement.




DENNIS BRADDOCK  
Department of Social and Health Services

9/4/01  
DATE



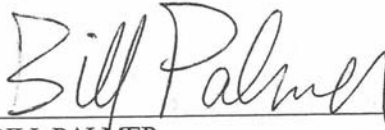
BUSSE NUTLEY  
Office of Community Development

9/17/01  
DATE



MARY SELECKY  
Department of Health

09/21/01  
DATE



BILL PALMER  
Department of Services for the Blind

9/25/01  
DATE

  
chief operating officer

TERRY BERGESON  
Office of the Superintendent of Public Instruction

9/28/01  
DATE

## **SECTION III**

### **GENERAL GRANT APPLICATION REQUIREMENTS**

## A. DEFINITIONS

Washington State has adopted the definitions in 34 CFR 303.6 - 303.22 of the early intervention section of IDEA regulations for use in implementing Washington's Infant Toddler Early Intervention Program.

Early intervention program definitions are found on the following pages. In addition, clarification will be found within the interagency agreement and policy text. Other definitions deemed important by Washington's State Interagency Coordinating Council are also included.

**Act** - Individuals With Disabilities Education Act.

**Adaptive Skills** – The ability to develop and exhibit age appropriate self-help skills, including but not limited to feeding, toileting, personal hygiene, dressing, play skills, and the ability to identify and communicate needs and preferences.

**Appropriate Professional Requirements in the State** - Entry level requirements that:

1. Are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services; and
2. Establish suitable qualifications for personnel providing early intervention services under the early intervention services section of IDEA to eligible children and their families who are served by State, local and private agencies.

(For complete information, see Section IV L. Personnel Standards.)

**Assessment and Assessment Services** - The ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under the early intervention section of IDEA to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs; and to identify the resources, priorities, and concerns of the family, and the supports and services necessary to enhance their capacity to meet the developmental needs of their infant or toddler with a disability. (For complete information, see Section IV F. Child Evaluation, Assessment, and Nondiscriminatory Procedures.)

**Birth To Three or Birth Through Two** - A child up to 36 months of age.

**Central Directory** – Information about public and private early intervention services resources and experts available in the state. (For complete information, see Section IV B. Central Directory.)

**Children** - Infants and toddlers with disabilities who are eligible for services as defined in the Washington State eligibility criteria.

**Child Find** – See Early Identification

**Cognitive** – The process of perceiving, comprehending, remembering, reasoning, and

making sense out of experiences and information.

**Consent** - 1) The parent has been fully informed of all information relevant to the activity for which consent is sought in his or her native language or other mode of communication, including being informed of existing assessment data to be used within the definitions of current assessment; 2) The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; 3) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time; and 4) The parent has the right to determine whether their infant or toddler or other family members will accept or decline an early intervention service in accordance with state law without jeopardizing other early intervention services.

**County Interagency Coordinating Council** - Local County Interagency Coordinating Councils (CICCs) are in each geographic service area. A locally designated contracting agency assures a council is in place to advise and assist the early intervention services contractor and other participating agencies in coordinating, implementing and maintaining the local early intervention services system. The councils establish a clearly defined process which incorporates Infant Toddler Early Intervention Program (ITEIP) policies. The purpose of CICC is to:

1. Create a structured link between agencies;
2. Eliminate unnecessary duplication of services;
3. Facilitate interagency problem solving;
4. Assist in implementing a full continuum of services; and
5. Improve services to all identified children, birth to three, with disabilities and their families.

The CICCs are part of the statewide ICC structure and coordinate with the State Interagency Coordinating Council.

**Days** - Calendar days.

**Developmental Delay** - A child has a developmental delay if she/he is experiencing a 1.5 standard deviation or 25% of chronological age delay in one or more developmental areas OR has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. (For complete information, see Section IV A. State Definitions of Developmental Delay.)

**Developmental Screening** –The use of a tool or procedure that is quickly and easily administered in order to identify those children, whose development may not be within the expected ranges, and are, therefore, in need of further evaluation and assessment.

**Early Identification (Child Find)** - The process of locating, identifying, referring, and evaluating those infants and toddlers who have or are at risk of having a developmental

delay if early intervention services are not provided. (For complete information, see Section IV E. Comprehensive Child Find System.)

**Early Intervention Services** - Those services that are designed to meet the developmental needs of each child eligible under the early intervention section of IDEA and the needs of the family related to enhancing the child's development. These services are selected in collaboration with parents. They are provided under public supervision by qualified personnel as defined under Washington State's definition of "qualified" and are in conformity with an Individualized Family Service Plan. They are offered to families at no cost unless state law requires a system of payments by families including a schedule of sliding fees. They meet the standards of Washington State. Services are provided in natural environments to the maximum extent appropriate to the needs of the child, including the home and community settings in which infants and toddlers who are not disabled participate. (See definition of natural environments.) To the extent appropriate, service providers in each area of early intervention services are responsible for: (1) consulting with parents, other service providers, and representatives of appropriate community agencies to ensure collaboration, coordination and the effective provision of services in that area; (2) training parents and others regarding the provision of those services; and (3) participating in the multidisciplinary team's evaluation and assessment of a child and a family directed assessment of the resources, priorities, and concerns of the family and identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of the child and in the development of integrated goals and outcomes for the individualized family service plan (see Federal Register 34 CFR Part 303: 303.12 - Definitions). Early intervention services include:

1. Assistive technology devices and services means any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of infants and toddlers with disabilities.

Assistive technology service means a service that directly assists an infant or toddler with a disability in selection, acquisition or use of an assistive technology device. Services include:

- a. An evaluation of the needs of an infant or toddler with a disability including a functional evaluation of the child in the child's customary environment;
- b. Purchasing, leasing, or providing for the acquisition of devices;
- c. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing devices;
- d. Coordinating and using other therapies, interventions, or services with devices such as those associated with existing education and (re)habilitation plans and programs;
- e. Training and technical assistance for an infant or toddler or, if appropriate, the child's family; and
- f. Training or technical assistance for professionals (including individuals

providing early intervention services) or others who provide services to or are substantially involved in the major life functions of infants and toddlers with disabilities.

2. Audiology includes:
  - a. Identification of infants and toddlers with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
  - b. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
  - c. Referral for medical and other services necessary for the habilitation or rehabilitation of infants and toddlers with auditory impairment;
  - d. Provision of auditory training, aural (re)habilitation, speech reading and listening device orientation and training, and other services;
  - e. Provision of services for prevention of hearing loss; and
  - f. Determination of the infant's and toddler's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
3. Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, educators and other qualified personnel to assist the family of a child eligible under the early intervention section of IDEA in understanding the child's special needs and enhancing the child's development.
4. Health services means services necessary to enable a child to benefit from the other early intervention services under the early intervention section of IDEA during the time that the child is receiving the other early intervention services. The term includes:
  - a. Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
  - b. Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include the following:

- a. Services that are surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus), or purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drug for any purpose);
- b. Devices necessary to control or treat a medical condition;
- c. Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

5. Medical services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.
6. Nursing services include:
  - a. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
  - b. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; administration of medications, treatments, and regimens prescribed by a licensed physician.
7. Nutrition services include:
  - a. Conducting individual assessments in:
    - 1) Nutritional history and dietary intake,
    - 2) Anthropometric, biochemical, and clinical variables,
    - 3) Feeding skills and feeding problems, and
    - 4) Food habits and food preferences;
  - b. Developing and monitoring appropriate plans to address the nutritional needs of children eligible under the early intervention section of IDEA, based on the findings; and
  - c. Making referrals to appropriate community resources to carry out nutrition goals.
8. Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:
  - a. Identification, assessment, and intervention;
  - b. Adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
  - c. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
9. Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and



effective environmental adaptation. These services include:

- a. Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
- b. Obtaining, interpreting, and integrating information appropriate to program planning to prevent or alleviate or compensate for movement dysfunction and related functional problems; and
- c. Providing individual or group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

10. Psychological services include:

- a. Administering psychological and developmental tests, and other assessment procedures;
- b. Interpreting assessment results;
- c. Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- d. Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

11. Service Coordination (See Family Resources Coordination)

12. Social work services include:

- a. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- b. Preparing a social or emotional developmental assessment of the child within the context of the family;
- c. Providing individual and family-group counseling with parents and other family members, and appropriate social skill building activities with the child and parents;
- d. Working with those problems in a child's and a family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum use of early intervention services; and
- e. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

13. Special instruction includes:

- a. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- b. Curriculum planning, including the planned interaction of personnel,

- materials, and time and space, that leads to achieving the outcomes in the child's Individualized Family Service Plan;
  - c. Providing families with information, skills, and support related to enhancing the skill development of the child; and
  - d. Working with the child to enhance the child's development.
14. Speech/language pathology includes:
- a. Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
  - b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
  - c. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
15. Transportation and related costs includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under the early intervention section of IDEA and the child's family to receive early intervention services.
16. Vision services includes:
- a. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
  - b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
  - c. Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

Early intervention services are provided by qualified personnel, including:

- 1. Audiologists
- 2. Family therapists
- 3. Nurses
- 4. Nutritionists
- 5. Occupational therapists
- 6. Orientation and mobility specialists
- 7. Physical therapists
- 8. Pediatricians and other physicians
- 9. Psychologists
- 10. Social workers
- 11. Special educators

12. Speech-language pathologists
13. Vision specialist

**Early Intervention Services (EIS) Contractor** – The locally designated agency or organization holding the Early Intervention Services contract with the Department of Social and Health Services (DSHS), Infant Toddler Early Intervention Program within the Division of Developmental Disabilities (DDD) assuring the services are in accordance with the approved Washington State Grant application.

**Early Intervention Service Provider** - A local public or private service provider or agency who is providing IDEA early intervention services.

**Evaluation Services** - The tests and procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility for early intervention services consistent with the definition of infants and toddlers with disabilities including determining the status of the child in each of the developmental areas. (For complete information, see Section IV F. Child Evaluation, Assessment, and Nondiscriminatory Procedures.)

**Evaluation Tests and Procedures** – Standardized tests or procedures that measure a child's development in a percentage or standard deviation as it compares to the development of children who have no disability at that age.

**Family Resources Coordination** – The term used by Washington State for service coordination. Family Resources Coordination means the activities carried out by a Family Resources Coordinator to assist an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under Washington's early intervention program.

Each eligible child and the child's family must be provided one Family Resources Coordinator who is responsible for:

1. Coordinating all services across agency lines; and
2. Serving as the single point of contact in helping parents to obtain the services and assistance they need.

Service coordination is an active, ongoing process that involves:

1. Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the written Individualized Family Service Plan;
2. Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) the child needs or is being provided;
3. Facilitating the timely delivery of available services; and
4. Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific service coordination activities include:

1. Coordinating the performance of evaluations and assessments;
2. Facilitating and participating in the development, review, and evaluation of the Individualized Family Service Plan;
3. Assisting families in identifying available service providers;
4. Coordinating and monitoring the delivery of available services;
5. Informing families of the availability of advocacy services;
6. Coordinating with medical and health providers; and
7. Facilitating the development of a transition plan to preschool services if appropriate.

**Family Resources Coordinator** – An individual who assists an eligible child and his/her family in gaining access to the early intervention services and other resources as identified in the Individualized Family Service Plan, and receiving the rights and procedural safeguards of the early intervention program.

Family Resources Coordinators must be registered and have knowledge and understanding about:

1. Infants and toddlers who are eligible;
2. IDEA early intervention services;
3. The federal regulations, Washington policies and procedures, the nature and scope of services available, the system of payments for services and other information; and
4. Local early intervention resources available in their assigned geographic service area.

**Frequency** - The number of days or sessions that a service will be provided.

**Highest Requirements in the State Applicable to a Specific Profession or Discipline** - The highest entry level academic degree needed for any state approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline. (For complete information, see Section L. Personnel Standards.)

**Individualized Family Service Plan** - A written plan for providing early intervention services to a child eligible under the early intervention section of IDEA and the child's family. The plan must:

1. Be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services;
2. Be based on the multidisciplinary evaluation and assessment of the child;
3. Include, with parent permission, a statement on the family's resources, priorities, and concerns related to enhancing the development of the child; and
4. Include a statement of the specific early intervention services necessary to enhance the family's capacity to meet the unique needs of their child. (For

complete information, see Section IV G. Individualized Family Service Plans.)

**Include, Including** - Items named are not all of the possible items that are covered whether like or unlike the ones named.

**Infants and Toddlers with Disabilities** - Individuals from birth to age three who need early intervention services because they:

1. Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:
  - a. Cognitive development;
  - b. Physical development, including vision and hearing;
  - c. Communication development;
  - d. Social or emotional development; or
  - e. Adaptive development; or
2. Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

**Infant Toddler Early Intervention Program** - The program within DSHS, DDD which administers the early intervention section of IDEA.

**Intensity** – The length of time the early intervention service is provided during each session and whether the service is provided on an individual or group basis.

**Interim Individualized Family Service Plan** - developed to ensure early intervention services that an eligible child and the child's family may need before the completion of the evaluation and assessment within the 45 days after referral. (For complete information, see Section IV H. Interim Individualized Family Service Plans.)

**Location** – The actual place or places where a service will be provided.

**Method** – The procedures or plans followed to accomplish the outcomes including how a service is provided.

**Multidisciplinary** - The involvement of two or more disciplines or professions in the provision of integrated and coordinated services including evaluation, and assessment activities in Section IV, Evaluation and Assessment and development of the Individualized Family Service Plan in Section IV, Individualized Family Service Plan.

**Native Language** - Means the language or mode of communication normally used by the parent of an eligible child.

**Natural Environments** - Settings that are natural or normal for the child's age peers who have no disability. Those may include the home, neighborhood, or community setting in which children without disabilities participate. (For complete information, see Section IV I. Natural Environments.)

**Parent** – Means a natural or adoptive parent of a child, a guardian, a person acting in the place of a parent (such as a grandparent or step-parent with whom the child lives, or a person who is legally responsible for the child's welfare), or surrogate parent who has been assigned. A foster parent may act as a parent if:

1. The natural parents' authority to make early intervention decisions required of parents on the child's behalf has been relinquished under state law;
2. The foster parent has an ongoing long-term parental relationship with the child;
3. The foster parent is willing to participate in making early intervention or educational decisions on the child's behalf; and
4. The foster parent has no interest that would conflict with the interests of the child.

**Personally Identifiable** – means information which includes:

1. The name of the child, the child's parent or other family member;
2. Address of the child;
3. A personal identifier, such as the child's or parent's social security number; or
4. A list of personal characteristics or other information that would make it possible to identify the child or family with reasonable certainty.

**Policies** - State statutes, regulations, Governor's orders, directives by State Lead Agency or other written documents that represent Washington State's position concerning any matter covered under the early intervention section of IDEA.

State policies means those policies developed by the state of Washington including:

1. State commitment to development and implementation of the statewide system;
2. State eligibility criteria and procedures;
3. A statement that services are provided at no cost to the parent, except where a system of payments is provided for under federal or state law. (Medical services are not covered by this program or funding except for diagnostic or evaluation purposes to determine eligibility.)
4. State standards for personnel who provide services to children eligible under the early intervention section of IDEA;
5. State position and procedures related to contracting or making other arrangements with service providers; and
6. Other positions that the state has adopted related to implementation of the early intervention section of IDEA.

**Primary Referral Sources** - Persons or agencies who are likely to have contact with children, and who could identify and refer them; e.g., hospitals - including prenatal and

postnatal care facilities, physicians, nurses, parents, therapists, child care programs, local

educational agencies, public health facilities, other health care providers, and other education and social service agencies.

**Public Agency** - State Lead Agency and any other political subdivision of Washington State that is responsible for providing early intervention services to children eligible under the early intervention section of IDEA and their families.

**Referrals** – A direct contact that meets the following criteria:

1. The Family Resources Coordinator has contact via phone or in person with the family of a child birth to 3 years of age;
2. During this contact the Family Resources Coordinator explains the services that are available under the Infant Toddler Early Intervention Program (including evaluations and assessments);
3. The family identifies needs which can be addressed by the Family Resources Coordinator and early intervention services; and
4. The family is interested in services.

**Qualified** - Describes a person who has met Washington State's approved or recognized certification, licensing, registration or other state requirements that apply to the area in which the person is providing early intervention services.

**Service Coordination** – See Family Resources Coordination

**Service Coordinator** – See Family Resources Coordinator

**State Approved or Recognized Certification, Licensing, Registration, or Other Comparable Requirements** - The requirements that the State legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry-level standards for employment in a specific profession or discipline in the State.

**State Lead Agency** – The Department of Social and Health Services is designated by the Governor to administer the early intervention section of IDEA in Washington State.

## **EDUCATION DEPARTMENT GENERAL ADMINISTRATION**

### **REGULATIONS (EDGAR) DEFINITIONS**

EDGAR definitions that apply to IDEA.

The following terms are from the EDGAR requirements (34 CFR 77.1):

1. **Applicant** means a party requesting a grant or sub-grant under a program of the Department.
2. **Award** means financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements in the form of money or property, in lieu of money, by the Federal Government to an eligible recipient. The term does not include:
  - technical assistance, which provides services instead of money;
  - other assistance in the form of loans, loan guarantees, interest subsidies, or insurance;
  - direct payments of any kind to individuals; and
  - contracts which are required to be entered into and administered under procurement laws and regulations.
3. **Contract** means a procurement contract under an award or sub-award, and a procurement sub-contract under a recipient's or sub-recipient's contract.
4. **Department** means the U.S. Department of Education.
5. **EDGAR** means the Education Department General Administration Regulations.
6. **Fiscal year** means the Federal fiscal year - a period beginning on October 1 and ending on the following September 30.
7. **Grant** means an award of financial assistance, including cooperative agreements, in the form of money, or property in lieu of money, by the Federal Government to an eligible grantee. The term does not include:
  - technical assistance, which provides services instead of money;
  - other assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct appropriations; or
  - assistance, such as fellowship or other lump sum award, which the grantee is not required to account for.
8. **Grantee** means the legal entity other than a government subject to 34 CFR Part 80 to which a grant is awarded and which is accountable to the Federal Government for the use of funds provided. The grantee is the entire legal entity even if only a particular component of the entity is designated in the award document.
9. **Grant period** means period for which funds have been awarded.
10. **Private**, as applied to an agency, organization, or institution, means that it is not under Federal or public supervision or control.
11. **Public**, as applied to an agency, organization or institution means that the agency, organization, or institution is under the administrative supervision or control of a government other than the Federal Government.



12. **Secretary** means the Secretary of the Department of Education or official or employee of the Department acting for the Secretary under a delegation of authority.

## **B. STATE LEAD AGENCY**

Per appointment by the Governor, the Department of Social and Health Services (DSHS) continues to serve as the State Lead Agency. As the State Lead Agency, DSHS facilitates agency coordination, and the participation between all agencies in the implementation of a statewide system as defined in the early intervention section of IDEA. The State Lead Agency maintains responsibility for administering the early intervention section of IDEA, assigning financial responsibility consistent with procedures outlined in the Interagency Agreement, and administration of funds provided under the early intervention section of IDEA.

The State Lead Agency provides for overall assurances, contracting, and monitoring of requirements. State Lead Agency staff work to strengthen partnerships across collaborating programs within the Department of Social and Health Services and across the Department of Community, Trade and Economic Development, Department of Health, Department of Services for the Blind, and Office of the Superintendent of Public Instruction.

### **PROGRAM ADMINISTRATION**

In the area of program administration, the State Lead Agency will provide staff to:

1. Assist in the development of interagency agreements;
2. Assist in the implementation and refinement of policies and procedures;
3. Provide support and assistance to intra- and interagency working committees for activities and tasks related to implementation;
4. Coordinate with the Bureau of Indian Affairs (BIA), Indian Health Services, Tribes and Tribal Councils regarding the provision of comprehensive, coordinated early intervention services;
5. Develop, implement and monitor all contracts;
6. Provide support to the State Interagency Coordinating Council;
7. Disseminate information about IDEA, and the Infant Toddler Early Intervention Program to public and private agencies and citizens;
8. Provide support to enhance interdisciplinary, family-centered training across all major disciplines serving infants and toddlers with disabilities;
9. Assist in collection, analysis and dissemination of information obtained from data collection which will be shared with agencies and interested parties;
10. Provide information, training, and assistance to assure full parent participation on the State Interagency Coordinating Council and its working committees; and
11. Conduct on-going analysis of program operations including those required in the early intervention section of IDEA, program standards, and funding mechanisms.

### **C. STATE INTERAGENCY COORDINATING COUNCIL (SICC)**

The SICC is appointed by the Governor to advise and assist the State Lead Agency in its duties as required by the Individuals with Disabilities Education Act (IDEA). The Governor assures that the membership of the SICC reasonably represents the population of the state. The members include:

1. At least 20 percent parents including minority parents, parents of infants or toddlers with disabilities, or children 12 or younger with a disability who have knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one such member shall be a parent of an infant or toddler with a disability or a child with a disability age 6 or younger;
2. At least 20 percent public or private early intervention service providers;
3. One representative from the state legislature;
4. One person involved in personnel preparation;
5. One member from each state agency providing or paying for services and having sufficient authority to do policy planning and implementation on behalf of the agency;
6. One member from the State Education Agency responsible for preschool services to children with disabilities and having sufficient authority to engage in policy planning and implementation on behalf of the agency;
7. One member from the state agency responsible for state governance of health insurance;
8. One member from the Head Start agency or program (as of July 1, 1998);
9. One member from the state agency responsible for child care (as of July 1, 1998); and
10. Other members selected by the governor including a representative from the Bureau of Indian Affairs (BIA) or where there is no BIA operated or funded school, from the Indian Health Service or Tribes/Tribal Councils (see 34 CFR 300.601 and membership list which follows).

Members serve without compensation, with the following exceptions: to reimburse members of the SICC for reasonable and necessary expenses for attending SICC meetings and performing SICC duties, including child care for parent representatives. Washington membership reimbursement must follow Executive Order 92-10, which is included in this section.

The State Interagency Coordinating Council meets at least quarterly to advise and assist the State Lead Agency. The Governor has appointed a chair who is not a representative of the State Lead Agency. All meetings will be publicly announced with sufficient advance notice of meeting dates to assure attendance and meeting places are open and accessible to the general public. Interpreters for the deaf and other necessary services must be provided at SICC meetings, both for members and participants. The SICC budget may be used to pay for these services. No SICC member may cast a vote on any matter that would

provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

During 1992 the state legislature passed RCW 70.195 establishing the SICC. On November 18, 1992, the Governor signed Executive Order 92-10, which aligned the federal requirements of the SICC with RCW 70.195. The State Interagency Coordinating Council shall:

1. Advise and assist the State Lead Agency in the development and implementation of the policies that constitute the statewide system;
2. Assist the State Lead Agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State;
3. Assist the State Lead Agency in the effective implementation of the statewide system, by establishing a process that includes:
  - a. Seeking information from Parents, Service Providers, Family Resources Coordinators (Service Coordinators), Case Managers, and others about Federal, State or Local policies that impede timely service delivery;
  - b. Taking steps to ensure that any policy problems identified under 3a are resolved; and
  - c. To the extent appropriate, assisting the State Lead Agency in the resolution of disputes.
4. Assist the State Lead Agency in the identification of sources of funds and other support for services for the Early Intervention System;
5. Assist the State Lead Agency in the assignment of financial responsibilities to the appropriate agency;
6. Assist the State Lead Agency in promotion of interagency agreements;
7. Advise and assist the State Lead Agency in the preparation of grant applications and amendments to grant applications;
8. Prepare an annual report to the Governor and to the Secretary of the United States Department of Education on the status of early intervention programs operated within the state for children eligible under this part and their families. Submit the report to the Secretary of Education by a date that the Secretary establishes. Each annual report must contain the information required by the Secretary of Education for the year for which the report is made;
9. Advise and assist the Office of Superintendent of Public Instruction, as the State Education Agency (SEA), regarding the transition of toddlers with disabilities to services provided under Part B, and other appropriate services, to the extent such services are appropriate;
10. Advise and assist the State Lead Agency and the State Education Agency (SEA) regarding appropriate services for children ages birth to six.

**STATE INTERAGENCY COORDINATING COUNCIL (SICC)**

MEMBER NAME	ADDRESS	TELEPHONE	POSITION # & CATEGORY
Julie Ann Avila	12911 NE 130 <sup>th</sup> Street Kirkland, WA 98034	Tel (425) 820-9891 Fax (206) 220-7073 (Attn: Chief Avila) E-mail <a href="mailto:avila2big3small@earthlink.net">avila2big3small@earthlink.net</a>	3 Parent <b><u>SICC Vice-Chair</u></b>
Janie Bedwell	Education Specialist Bureau of Indian Affairs, Fed. Bldg. 2707 Colby Avenue Everett, WA 98201	Tel (425) 258-2651 ♦ ext. 241 Fax (425) 258-1254 E-mail <a href="mailto:janiebedwell@bia.gov">janiebedwell@bia.gov</a>	19 Bureau of Indian Affairs
Barbara Frost	Dept. of Community, Trade & Economic Development Community Services Children's Services Unit PO Box 48350 Olympia, WA 98504- 8350	Tel (360) 725-2837 Fax (360) 586-0489 E-mail <a href="mailto:BarbF@cted.wa.gov">BarbF@cted.wa.gov</a>	18 State Community Development Agency
Wanda Gauntt	15706 N Nascar Parkway NE PO Box 878 Benton City, WA 99320	Tel (509) 588-4122 Fax (509) 588-8162 E-mail <a href="mailto:jesses_mom@hotmail.com">jesses_mom@hotmail.com</a>	25 Parent
Jan Hicks-Thomson	Dept. of Health, CSHCN PO Box 47880 Olympia, WA 98504	Tel (360) 236-3559 Fax (360) 586-7868 E-mail <a href="mailto:jan.hicks-thomson@doh.wa.gov">jan.hicks-thomson@doh.wa.gov</a>	16 State Health Agency
Gigi Igama	10890 SE 214 <sup>th</sup> Place Kent, WA 98031	Tel (206) 684-4603 (W) Tel (253) 856-3220 (H) Fax (206) 684-3811 Call First E-mail <a href="mailto:gredia.igama@ci.seattle.wa.us">gredia.igama@ci.seattle.wa.us</a>	2 Parent

Dr. Jean Kelly	University of Washington CHDD Room SB212 Box 357920 Seattle, WA 98195-7920	Tel (206) 685-3387 Fax (206) 543-9266 Email <a href="mailto:Jkelly@U.Washington.edu">Jkelly@U.Washington.edu</a>	11 Personnel Preparation <b><u>SICC Co-Chair</u></b>
Ginger Kwan	4327 S 253 <sup>rd</sup> Street Kent, WA 98032	Tel: (253) 813-8407 (H) Tel (206) 364-4645 ext. 136 (W) Cell (206) 817-5258 Fax (206) 364-8140 E-mail <a href="mailto:kwkwan@msn.com">kwkwan@msn.com</a>	1 Parent
Karen Lindsay	915 Grand Drive Moses Lake, WA 98837	Tel (509) 764-4112 (H) Tel (509) 764-4395 (W) Fax (509) 766-6519 (Grant Cnty Hlth) E-mail <a href="mailto:klindsay@gwksilvr.com">klindsay@gwksilvr.com</a>	5 Parent
Sandra Lund	19221 E Buckeye #2 Otis Orchards, WA 99027	Tel (509) 921-1588 Fax (509) 921-0174 E-mail <a href="mailto:lundbe3@interserv.com">lundbe3@interserv.com</a>	4 Parent
Joan Martin	Skagit Preschool and Resource Center PO Box 626 Burlington, WA 98233	Tel (360) 416-7570 Fax (360) 416-7580 E-mail <a href="mailto:sparc@cnw.com">sparc@cnw.com</a>	7 Service Provider Developmental Center
Dora Moreno	1620 Peterson Road Burlington, WA 98233	Tel (509) 837-8909 (W) Tel (360) 757-7451 Fax (509) 839-5803 E-mail <a href="mailto:skagwsmc@pacificrim.net">skagwsmc@pacificrim.net</a>	13 Washington Migrant Council
Mary Kay Quinlan	15517 Goodrich Drive NW Gig Harbor, WA 98329	Tel (253) 983-6413 (W) Tel (253) 857-4430 (H) Fax (253) 597-3640 E-mail <a href="mailto:quim300@dshs.wa.gov">quim300@dshs.wa.gov</a>	26 DSHS Office of Child Care Policy

Linda Rolfe	Div. of Developmental Disabilities Dept. of Social & Health Services PO Box 45310 Olympia, WA 98504-5310	Tel (360) 902-8431 Fax (360) 902-8482 E-mail <a href="mailto:HughesSD@dshs.wa.gov">HughesSD@dshs.wa.gov</a>	17 State Lead Agency
Bonnie Sandahl	Seattle Children's Home 2142 Tenth Avenue West Seattle, WA 98119	Tel (206) 298-9679 Fax (206) 284-7843 E-mail <a href="mailto:bsandahl@seattlechildrenshome.org">bsandahl@seattlechildrenshome.org</a>	8 Service Provider Neuromuscular Center
Anne Shureen	Office of the Superintendent of Public Instruction PO Box 47200 Olympia, WA 98504-7200	Tel (360) 753-6733 Fax (360) 586-0247 E-mail <a href="mailto:Ashureen@ospi.wednet.edu">Ashureen@ospi.wednet.edu</a>	22 State Education Agency
Roger Smith	Special Education Coordinator Tacoma Public Schools PO Box 1357 Tacoma, WA 98401-1357	Tel (253) 571-1275 Fax (253) 571-1004 E-mail <a href="mailto:rsmith@tacoma.k12.wa.us">rsmith@tacoma.k12.wa.us</a>	6 Service Provider School District
Lonna Swanson	Muckleshoot Indian Tribe 39015 172 <sup>nd</sup> Avenue SE Auburn, WA 98092	Tel (253) 931-6709 ext. 314 Fax (253) 939-2922 E-mail <a href="mailto:lswan1@prodigy.net">lswan1@prodigy.net</a>	14 Tribal
Dr. Katherine TeKolste	UW/CHDD PO Box 357920 Seattle, WA 98195-7920	Tel (206) 236-9881 (Beeper)	9 Service Provider Physician
Scott Truax	Dept. of Services for the Blind 3411 S Alaska Way Seattle, WA 98118	Tel (425) 745-9504 (H & W) Lynnwood Tel (206) 721-4422 E-mail <a href="mailto:scottruax@dsb.wa.gov">scottruax@dsb.wa.gov</a>	15 State Services for the Blind Agency

Millie Weers	4410 N Market Spokane, WA 99207	Tel (509) 462-5221 (W) or (509) 533-8541 (W) Fax (509) 533-8599 E-mail <a href="mailto:mweers@headstart.spokane.cc.wa.us">mweers@headstart.spokane.cc.wa.us</a>	27 Head Start
Commander J. Wade White, M.D.	Naval Hospital, Bremerton Pediatrics Code 034 Boone Road Bremerton, WA 98312- 1898	Tel (360) 475-4216 Tel (360) 307-9786 Messages Fax (360) 475-4801 E-mail <a href="mailto:whitej@pnw.med.navy.mil">whitej@pnw.med.navy.mil</a>	20 Military
Jan Wrathall	King County Developmental Disabilities Division 821 2 <sup>nd</sup> Avenue, Suite 400 Seattle, WA 98104-1598	Tel (206) 296-2912 Fax (206) 205-1632 E-mail <a href="mailto:jan.wrathall@metrokc.gov">jan.wrathall@metrokc.gov</a>	12 County Human Services



## SICC SUMMARY OF MEMBERSHIP

PARENTS	6
PERSONNEL PREPARATION	1
SERVICE PROVIDERS	5
STATE AGENCY REPRESENTATIVES	5
STATE INSURANCE COMMISSIONER	1
STATE LEGISLATURE	1
OTHER	
BUREAU OF INDIAN AFFAIRS	1
COUNTY HUMAN SERVICES	1
EDUCATION	1
HEAD START	1
MILITARY REPRESENTATIVE	1
OFFICE OF CHILD CARE POLICY	1
TRIBAL REPRESENTATIVE/SERVICE PROVIDER	1
WASHINGTON MIGRANT COUNCIL	1

By July 1, 1998, one member from the Head Start agency or program and one member from the state agency responsible for child care.

GARY LOCKE  
Governor



STATE OF WASHINGTON  
OFFICE OF THE GOVERNOR

P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 753-6780 • TTY/TDD (360) 753-6466

EO – 01-04

**EXECUTIVE ORDER**

**ESTABLISHING THE STATE INTERAGENCY COORDINATING COUNCIL  
FOR INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES**

**WHEREAS**, the federal Individuals with Disabilities Education Act (IDEA), Part C (34, CFR, Part 303), and Revised Code of Washington 70.195, Early Intervention Services---Birth to Six, both require a State Interagency Coordinating Council for Infant and Toddlers with Disabilities and Their Families appointed by the Governor;

**WHEREAS**, Washington continues to participate in the federal Individuals with Disabilities Education Act (IDEA), Part C;

**WHEREAS**, a Council is required to advise and assist the Department of Social and Health Services in achieving the full participation, coordination and cooperation of the Department of Health, Office of the Superintendent of Public Instruction, Department of Services for the Blind, Office of Community Development and other participating agencies in the implementation of the statewide early intervention system;

**WHEREAS**, a Council is required to advise and assist the Department of Social and Health Services and the other participating state agencies on a broad range of policy and coordination issues on early intervention;

**NOW, THEREFORE, I**, Gary Locke, do hereby confirm the establishment of the Washington State Interagency Coordinating Council for Infants and Toddlers with Disabilities and Their Families in accordance with the 1997 amendments to IDEA.

1. **Council Membership:**

The Governor shall appoint members of the Council, and the Governor shall designate the chair or co-chairpersons of the Council. The Council shall be composed of at least 25 members. State executive and legislative appointees shall be ex-officio, non-voting members and shall not be designated as chair or co-chairperson. Terms of membership shall be three years. Members may be appointed for two consecutive terms. If a member resigns before completing a term, a new member may be appointed to serve out the remainder of that term.

To achieve a balanced membership on the Council, appointments shall be made with consideration given to geographic representation, gender, and ethnic and cultural diversity and a variety of delays, disabilities or diagnoses of children represented by family/parent members.

Membership of the Council shall be as follows:

- A. At least twenty percent of the members shall be parents of infants, toddlers or children aged twelve or under with disabilities. These members shall have knowledge of or experience with programs for infants, toddlers, and children with disabilities. At least one of the members shall be a parent of an infant, toddler, or child with a disability aged six or younger.
- B. At least twenty percent of the members shall be public or private providers of early intervention services.
- C. At least one member shall be involved in training personnel providing early intervention services.
- D. The Washington State Departments of Health, Social and Health Services, Services for the Blind, the Office of the Superintendent of Public Instruction, Office of Community Development, and the Office of the Insurance Commissioner shall each be represented by at least one non-voting member.
- E. At least one non-voting member shall be from the State Legislature.
- F. A member from the Head Start agency or program.
- G. A member from the State agency responsible for child care.
- H. Other members may include representatives from other appropriate areas such as the Bureau of Indian Affairs, Indian Health Services, or military.

2. Role of the Council:

- A. The Council shall advise and assist the Department of Social and Health Services and other participating state agencies in coordinating and implementing policies that constitute the statewide system of early intervention services, including:
  - 1. Identifying sources of fiscal and other support for early intervention services;
  - 2. Assigning financial responsibilities to the appropriate agency;
  - 3. Promoting interagency agreements;
  - 4. Providing appropriate services for children.
- B. The Council shall advise and assist the Office of Superintendent of Public Instruction on the transition of toddlers with disabilities to preschool services provided under Part B, and other appropriate services.
- C. The Council may advise and assist the Department of Social and Health Services and the Office of the Superintendent of Public Instruction regarding the provision of appropriate services for children from birth through age 5.

- D. The Council may advise and assist appropriate agencies on the integration of services for infants and toddlers with disabilities and at risk infants and toddlers and their families.
  - E. The Council shall advise and assist the Department of Social and Health Services and other participating agencies in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the state.
  - F. The Council shall assist the Department of Social and Health Services in effective implementation of the statewide early intervention system by establishing a process that includes:
    - 1. Seeking information from service providers, family resources coordinators, parents, and others about any federal, state, or local policies that impede timely service delivery;
    - 2. Taking steps to ensure that any policy problems are resolved.
  - G. To the extent appropriate, the Council shall assist the Department of Social and Health Services in resolving disputes relating to this program.
  - H. The Council shall work with county early childhood interagency councils to coordinate and enhance existing early intervention services and assist communities to meet the needs of infants and toddlers with disabilities and their families.
  - I. The Council shall advise and assist the Department of Social and Health Services in preparing applications for federal grants under IDEA, Part C.
  - J. The Council may advise and assist the Department of Social and Health Services in preparing budgets as necessary to carry out the Council's functions.
  - K. The Council shall prepare all reports to the Governor and federal officials as required by federal and state laws.
3. Meetings and Other Business:
- A. The Council shall meet at least quarterly and in such places as it deems necessary.
  - B. The Council shall conduct official business only when a quorum is present.
  - C. No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.
  - D. The Department of Social and Health Services shall be the designated lead agency and shall provide administrative and staff support to the Council.
  - E. The Council, its activities and administrative support, and membership appointments shall be funded exclusively from and are contingent upon monies received under federal IDEA, Part C.

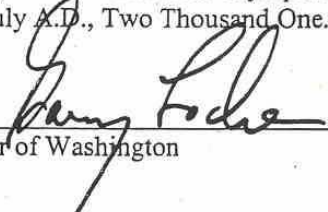


F. Members may be reimbursed for expenses incurred in the performance of their duties in accordance with RCW 43.03.050 and 43.03.060 and the Department of Social and Health Services policies. Parent representatives may also be reimbursed for necessary child care.

4. This order supercedes Executive Order 92-10 and shall take effect immediately.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the State of Washington to be affixed at Olympia this 6<sup>th</sup> day of July A.D., Two Thousand One.

  
Governor of Washington

BY THE GOVERNOR:

  
Secretary of State

IDEA, PART C  
DESCRIPTION OF USE OF FUNDS  
***FEDERAL FISCAL YEAR 2001 BUDGET***

<u>A. DIRECT SERVICES</u>	6,017,722	81.5%
<u>B. TRAINING/TECHNICAL ASSISTANCE</u>	232,927	3.2%
<u>C. OUTREACH</u>	232,397	3.0%
<u>D. STATE INTERAGENCY COORDINATING</u>	20,000	0.3%
<u>E. PROGRAM ADMINISTRATION</u>	653,458	9.0%
<u>F. GOODS AND SERVICES</u>	120,975	1.6%
<u>G. OVERHEAD, COMPUTER AND FISCAL SUPPORT</u>	86,126	1.2%
<u>H. ACTIVITIES BY OTHER AGENCIES</u>	18,567	0.2%
<b>TOTAL IDEA FEDERAL FUNDS</b>	7,382,172	100.0%

## ***DESCRIPTION OF USE OF FUNDS***

Of Washington's total Part C allocation (\$7,382,172) the following are the budgeted costs for: A) Direct services to infants and toddlers with disabilities and their families, B) Statewide training and technical assistance, C) Outreach, D) State Interagency Council, E) Program administration and implementation activities, F) Goods and services, G) Overhead, computer and fiscal support and H) Activities by other agencies. One hundred percent of the program administrative positions are funded through federal Part C funds.

### **A. DIRECT SERVICES**

1. Direct Service Contracts  
To enhance local direct services for required activities during the period of October 1, 2001 through September 30, 2002. Each local county or geographic area contract will be based on equitable distribution formulas. **\$ 5,680,674**
2. Low Incidence Sensory Disabilities  
Funds to enhance statewide resource, referrals and access to early intervention services for infants and toddlers with low-incidence sensory disabilities. **\$ 50,000**
3. Autism  
Funds to enhance statewide resources, referrals and access to early intervention services for infants and toddlers with Autism. **\$ 50,000**
4. Mediation  
Funds for mediation system consistent with the requirements of IDEA, Part C, including training existing mediators in IDEA, Part C and supporting mediation activities at the local level.  
Funds build on the existing mediation system for Part B-619 programs to assist families by Providing a consistent mediation process for birth to 21 programs. **\$ 76,048**
5. Monitoring  
To support statewide monitoring as required in IDEA Part C. **\$ 66,000**
6. Data Collection/Accountability  
Funds to support, enhance and maintain the Infant Toddler Early Intervention Program Data System; Ensure state and federal data reports are compiled and reported as required and requested. **\$ 95,000**

### **TOTAL DIRECT SERVICES**

**\$ 6,017,722**

## **B. STATEWIDE TRAINING/ TECHNICAL ASSISTANCES**

To maintain statewide training for Family Resources Coordinators (FRCs). Training ensures that FRCs have knowledge and understanding of infants and toddlers who are eligible, IDEA Part C Federal Regulations, the state of Washington's policies and procedures, and other local and state resources and services available for eligible infants, toddlers and their families.

Training topics include:

- IDEA Early Intervention requirements;
- Parent rights and confidentiality;
- Understanding service delivery systems;
- Developing and implementing Individualized Family Service Plans (IFSPs);
- Possible relationships between families and local agencies; and
- Outreach to local professionals, not-for-profit agencies and governments,

\$ 169,160

Parent Participation/Training Contract:

To support statewide parent participation including:

- Providing technical assistance and consultation to parents on IDEA Early intervention service deliverables;
- Assisting in recruiting and training parent representatives for the State Interagency Coordinating Council and its related activities with emphasis on diversity;
- Assisting and facilitating active parent/family involvement and input to and from the SICC and ITEIP; and providing training and technical assistance to County Interagency Coordinating Councils in IDEA Early Intervention, parent participation and parent perspective; and
- Assisting with family involvement in the SICC sponsored Conversations with Families.

\$ 63,767

### **TOTAL TRAINING COST**

\$ 232,927



**C. OUTREACH**

Major activities to be carried out in implementing the statewide Part C system of early intervention include:

1. Public Awareness/Central Directory Public awareness materials for statewide distribution including the Healthy Mothers, Healthy Babies 1-800 # hotline. The hotline includes services for all disabling conditions, experts available in the state, and research and demonstration projects. The hotline is available statewide to families, professionals, service providers and others.	\$ 17,797
2. County Interagency Coordinating Councils Support Provide funding to assist and support County Interagency Coordinating Councils (CICCs). CICCs are to collaborate with other existing county councils with related missions; coordinate with state, Tribal, regional, and local service delivery systems for comprehensive family-centered, community-based services; and participate in statewide meetings as scheduled.	\$ 210,600
3. CICC and Contractors Statewide Meetings Provide funding to support statewide meeting(s) for ITEIP Contractors, CICC representatives, parents and Family Resources Coordinators. These funds are budgeted to cover travel and expenses for parents, meeting costs, and related goods and services.	\$ 4,000
<b>TOTAL OUTREACH</b>	<u>\$ 232,397</u>

**D. STATE INTERAGENCY COORDINATING COUNCIL**

The State Interagency Coordinating Council (SICC) will conduct meetings at least quarterly. The SICC will advise and assist DSHS (State Lead Agency), the Infant Toddler Early Intervention Program (ITEIP), and the other participating state agencies.	\$ 20,000
<b>TOTAL SICC COST</b>	<u>\$ 20,000</u>

**E. PROGRAM ADMINISTRATION (State Lead Agency)**

**Staff Costs for Infant Toddler Early Intervention Program**

	FTEs	SALARIES PROJECTED YEARLY	SUB TOTALS	TOTAL
Director (Part C Coordinator)	1	\$ 60,731		
Secretary Administrative	1	\$ 35,295		
Grants Management Analyst	1	\$ 46,308		
Project Fiscal Manager	.4	\$ 33,931		
Support Staff	2	\$ 56,767		
Program Coordinator	1	\$ 53,691		
Program Liaisons	<u>5</u>	<u>\$ 243,315</u>		
Total FTEs & Salaries	11.4		\$ 530,038	
Total Benefits (23.3% of Salaries)			<u>\$ 123,420</u>	
<b>TOTAL PROGRAM STAFF AND ADMINISTRATION</b>				<u><u>\$ 653,458</u></u>

# DESCRIPTION OF PROGRAM ADMINISTRATIVE STAFF STATE LEAD AGENCY-DSHS, INFANT TODDLER EARLY INTERVENTION PROGRAM

FFY 2001

PROGRAM

## SECRETARY ADMINISTRATIVE

- \* 1.0 FTE
- \* ADMINISTRATIVE SUPPORT TO PROGRAM DIRECTOR
- \* TRACK AND MAINTAIN ADMINISTRATIVE POLICES AND PROCEDURES
- \* MAINTAIN PROGRAM WORK PLAN
- \* LEAD STAFF FOR PROGRAM SUPPORT
- \* REVIEW AND COORDINATE PROGRAM CORRESPONDENCE

## DIRECTOR/DDD OFFICE CHIEF

- \* 1.0 FTE
- \* MANAGE ANNUAL FEDERAL GRANT AND RELATED ACTIVITIES
- \* ADMINISTER THE IMPLEMENTATION OF EARLY INTERVENTION SERVICES AS REQUIRED BY IDEA
- \* ASSIST IN THE OPERATION OF DDD HEAD QUARTERS AS ASSIGNED
- \* ASSURE COORDINATION AND COLLABORATION WITH FIVE STATE AGENCIES AND TRIBAL GOVERNMENTS
- \* PROVIDE TECHNICAL ASSISTANCE AND COORDINATION FOR STATE LEAD AGENCY (DSHS) AND GOVERNOR-S OFFICE/STAFF
- \* SUPERVISE AND MONITOR FISCAL AND PROGRAM MANAGEMENT
- \* MAINTAIN FEDERAL COMMUNICATION AND COORDINATION AS RELATED TO THE GRANT AND IDEA
- \* SUPERVISE TEN PROGRAM STAFF
- \* MANAGE ONGOING OPERATIONS OF STATE INTERAGENCY COORDINATION COUNCIL
- \* ASSURE THE DEVELOPMENT OF STATE AND LOCAL INTERAGENCY AGREEMENTS AND SERVICE PLANS
- \* SERVES AS ONE OF FOUR OFFICE CHIEFS WITHIN DDD

## PROGRAM COORDINATOR

- \* 1.0 FTE
- \* COORDINATE ACTIVITIES OF AND SERVE AS LEAD STAFF FOR PROGRAM LIAISONS
- \* LEAD STAFF FOR THE STATE INTERAGENCY COORDINATING COUNCIL
- \* DEVELOP, REVIEW AND REVISE PROGRAM STANDARDS, POLICIES AND PROCEDURES
- \* NEGOTIATE AND MONITOR STATE AND LOCAL INTERAGENCY AGREEMENTS AND SERVICE PLANS
- \* REPRESENT PROGRAM DIRECTOR AS ASSIGNED
- \* PROVIDE TRAINING AND TA FOR GRANT REQUIREMENTS TO PROGRAM LIAISONS, STAKE HOLDERS/FAMILIES, CONTRACTORS, AND STATE AND LOCAL AGENCIES
- \* PROGRAM AND CONTRACT MONITORING

## PROJECT FISCAL MANAGER

- \* 0.4 FTE
- \* DEVELOP, PRODUCE AND MAINTAIN ITEIP FINANCIAL REPORTS
- \* PREPARE JOURNAL VOUCHERS TO ENSURE CHARGES ARE DISBURSED APPROPRIATELY
- \* DEVELOP AND UPDATE MONTHLY FISCAL SPREADSHEETS BY GRANT YEAR
- \* ASSIST IN PREPARATION OF DIRECT SERVICES CONTRACTS
- \* ENSURE COORDINATION BETWEEN DDD AND ITEIP GRANT'S MANAGEMENT ANALYS

## PROGRAM LIAISONS

5.0 FT

- \* TECHNICAL ASSISTANCE AND TRAINING TO COUNTIES, AGENCIES, SERVICE PROVIDERS AND CONTRACTORS
- \* NEGOTIATE AND MONITOR CONTRACTS
- \* INTERAGENCY AGREEMENTS AND SERVICE PLANS
- \* SERVE AS STAFF TO STATE INTERAGENCY COORDINATING COUNCIL COMMITTEES
- \* PROVIDE TRAINING, TA AND DISSEMINATE FEDERAL GRANT INFORMATION AND REQUIREMENTS
- \* REPRESENT PROGRAM AND DIVISION ON INTERAGENCY COMMITTEES
- \* PREPARE PROGRAM REPORTS AS REQUIRED
- \* ASSIST WITH STATE POLICIES DEVELOPMENT AND IMPLEMENTATION

## GRANTS MANAGEMENT ANALYST

1.0 FTE

- \* MAINTAIN AND TRACK PROGRAM BUDGET, FISCAL REPORTS, AND SPREAD SHEETS
- \* DEVELOP, MAINTAINS AND DISTRIBUTES CONTRACT DOCUMENTS AND RECORDS
- \* PROCESS CONTRACT PAYMENTS
- \* LIAISON BETWEEN DSHS CONTRACT CONSULTING SERVICES AND ITEIP
- \* PROVIDE FISCAL TECHNICAL ASSISTANCE FOR CONTRACTORS AND PROGRAM STAFF
- \* DRAFT PROGRAM STATUS REPORTS, ANNUAL GOVERNOR-S REPORT AND OTHER FEDERAL REPORTS AS REQUIRED

## SICC/PROGRAM STAFF

1.0 FTE

- \* SUPPORT STATE INTERAGENCY COORDINATING COUNCIL AND WORKING COMMITTEES
- \* SCHEDULE AND STAFF INTERAGENCY MEETINGS
- \* PROVIDE SUPPORT FOR VOLUNTEER AND PARENT TRAVEL
- \* MAINTAIN PROGRAM RECORDS AND FILES
- \* GENERAL PROGRAM SUPPORT

## DATA/CONTRACT/PROGRAM SUPPORT

1.0 FTE

- \* SUPPORT FOR PROGRAM CONTRACTS AND RELATED ACTIVITIES
- \* COORDINATE PROGRAM MAILINGS AND DISTRIBUTION OF PROGRAM INFORMATION
- \* MAINTAIN PROGRAM DATABASE
- \* SUPPORT FOR PROGRAM LIAISON-S TRAVEL
- \* PROGRAM SUPPORT

**F. GOODS AND SERVICES**

- Agency charges for rent, supervision, information service system, vendor services (contracting), auditing, etc.;
- Services such as: copies/printing, phones/fax/TDD, postage/mail, repairs to equipment, general supplies, publications/books, training materials, archiving, equipment replacement, staff development, interpreter/language services, meeting space (not SICC); and
- **Travel expenses to monitor contracts; provide technical assistance and training to and for** geographic service areas statewide, including contractors, families, and community members; and attend SICC subcommittees, intra- and interagency coordination activities.

\$ 120,975

**TOTAL GOODS & SERVICES**

\$ 120,975

**G. OVERHEAD, COMPUTER AND FISCAL SUPPORT**

- **Costs from State Lead Agency (Non-ITEIP) for ITEIP support in fiscal, management and computer technology (1.4 FTEs)**

\$ 86,126

**TOTAL OVERHEAD, COMPUTER AND FISCAL SUPPORT**

\$ 86,126

**H. ACTIVITIES BY OTHER AGENCIES**

Funds will be used to support a part time position (.25) located in the Office of Superintendent of Public Instruction (OSPI). Staff in this position will work to assure statewide implementation of Part C requirements as specified in the state Interagency Agreement; assuring school districts and educational service districts, carry out the State's commitment for early intervention services.

- Staff will be hired and supervised by OSPI (Salary and Benefits).

\$ 18,567

**TOTAL ACTIVITIES BY OTHER AGENCIES**

\$ 18,567

**TOTAL FOR FFY01**

**\$ 7,382,172**

**PROJECTED USE OF YEARS 10 AND 11 FUNDING:**

For Washington's Total IDEA Early Intervention allocation for Years 10 and 11 (Federal Fiscal Years 1998 and 1999) the following are the projected budget percentages for program administration, planning, development, implementation activities, direct services to infants and toddlers with disabilities and their families, and activities by other agencies. One hundred percent of the program administration positions are funded through federal IDEA funds. These percentages reflect categorized descriptions and amounts as stated on the previous budget pages.

<u>Program Administration</u>	10.80%
<u>Implementation Activities</u>	
Outreach	3.25%
Data Collection	.96%
Training	3.69%
State ICC	.34%
<u>Direct Services</u>	78.77%
<u>Activities by Other Agencies</u>	<u>2.20%</u>
<b>TOTAL IDEA FEDERAL FUNDS</b>	<b>100%</b>

\*Percentages and amounts will be adjusted accordingly if appropriation amount changes.

## **E. PARENT PARTICIPATION**

The State Lead Agency and State Interagency Coordinating Council support parent participation in policy development and implementation in many ways, including membership of parents on the State Interagency Coordinating Council, SICC Working Committees, and County Interagency Coordinating Councils. Each parent member on the SICC receives training and orientation on IDEA, policy development, history of Washington State early intervention services and the State Interagency Coordinating Council.

In addition, the Parent Participation Coordinator position was established in 1987 to assist in achieving the goal of parent involvement at all levels of early intervention service implementation. The Parent Participation Coordinator facilitates opportunities for parents to be involved in the development and implementation process at the local, state, and national level. The coordinator's responsibilities include:

1. Providing technical assistance and consultation to parents on IDEA Early Intervention Services;
2. Assisting in recruiting and training parent representatives for the State Interagency Coordinating Council and its related activities with emphasis on diversity;
3. Assisting and facilitating active parent/family involvement and input to and from the SICC; and
4. Providing training and technical assistance to County Interagency Coordinating Councils, service providers, state agencies, and others regarding family-centered care, parents' roles in IDEA Early Intervention, parent participation and parent perspectives.

## **F.      EQUITABLE DISTRIBUTION OF RESOURCES**

In order to assure an equitable distribution of resources, contracts are issued to a local lead agency serving a specific geographic service area within the state. All geographic areas have access to early intervention services with these contracted agencies.

In distributing available resources, consideration is given to the relative numbers of infants and toddlers with disabilities residing in each geographic area, as well as the availability and accessibility of necessary and appropriate services within those areas. In addition, elements considered to determine funding for a designated area are factors of population density, economic conditions, military impacts, urban and rural indicators, and Tribal and other ethnic diversity.

The Washington State funding formula includes the elements and factors identified above and accounts for needs across all geographic areas of the state. Since both the federal and state legislation contains non-supplanting language, contractors are required to assure funds enhance existing services and/or provide new services.

The early intervention service contracts are negotiated with each geographic area on a non-competitive basis to assure each of the federally required components and early intervention services are available statewide. County Interagency Coordinating Councils (CICCs), agencies, and local providers within each geographic area work together to determine which is the most appropriate local agency to apply as the early intervention services contractor.

ITEIP issues an Announcement of Funds for early intervention services and CICCs as funds become federally available. Announcements state the intended use of the funds and are mailed to approximately 1300 agencies and individuals.

Applicant for early intervention services funds must submit:

- Evidence of support from members of the CICCs in their geographic service area;
- A budget for how the funds will be expended; and
- A current Early Intervention Services Plan and Interagency Agreement(s).

Tribal Governments are encouraged to apply directly with ITEIP, or they may choose to subcontract directly with those early intervention services contractors. In addition, the Washington State Migrant Council provides contracted outreach and Family Resources Coordination for migrant families within several counties as an enhancement to services provided by early intervention services contractors.

The minimum criteria for CICC applications for funds are:

- Evidence of community support from community members such as parents, early intervention service providers, school districts, health departments/districts, DSHS, Tribal Governments, mental health agencies, Washington State Migrant Council, and the military.

- Evidence of support for the local lead agency who agrees to implement the work order; and
- Evidence of involvement or attempts to involve community members on the CICC such as those listed above.

**Only one non-competitive application will be accepted for each designated geographic/county service area.** A geographic area/county may cluster with one or more adjoining geographic areas/counties if it is mutually agreeable. If multiple applications are submitted for the same area, all applications received are returned to the senders for development of one application for re-submittal. If there are situations that indicate the need for more than one early intervention services lead agency contract per designated geographic/county service area, applicants must contact ITEIP for contract negotiation and approval prior to submitting the application(s).



## **G. ADOPTION OF POLICY ON STATEWIDE SYSTEM**

The State Lead Agency assures that Washington's early intervention system is in effect and the early intervention services (see definition section) are provided to eligible infants and toddlers with disabilities and their families annually as long as the state participates in the federal IDEA early intervention program. The state of Washington and State Lead Agency understands per the January 13, 1992 letter from the Office of Special Education Programs that there is no obligation to continue participation beyond each year's grant application.

INTERAGENCY COORDINATING COUNCIL CERTIFICATION OF ANNUAL REPORT

On behalf of the Interagency Coordinating Council (ICC) of Washington,

I certify that the ICC   X   agrees/            disagrees (\*) with the information in the State's Annual Performance Report for FFY 1999 covering October 1, 1999 through September 30, 2000. The ICC understands that Section 80.40 of the Education Department General Administrative Regulations (EDGAR), requires that the lead agency prepare an Annual Performance Report containing information about the activities and accomplishments of the fifteen (15) month grant period, as well as how funds were spent. The ICC has reviewed the Report for completeness of its contents and accuracy.

We submit this Report in fulfillment of our obligation under Section 641(e) of the Individuals with Disabilities Education Act (IDEA) to submit an annual report to the Secretary and to the Governor on the status of the State's early intervention program for infants and toddlers with disabilities and their families.

  
Signature of ICC Chairperson

3-28-01  
Date

(\*) The Council may submit additional comments related to the lead agency's Annual Performance Report and append comments to the Report



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

June 22, 2000

Thomas Hehir  
Office of Special Education Programs  
U.S. Department of Education  
Part H Data Reports  
Program Support Services Group  
Mail Stop 3512-2651  
600 Independence Avenue Southwest  
Washington, D.C. 20202-2641

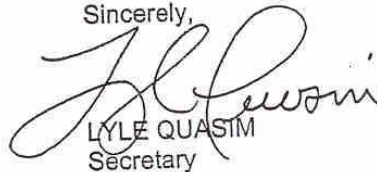
Dear Mr. Hehir:

Enclosed are Tables 2, 3, 4 and 5 for Washington State as of December 1, 1998. Washington is including Table 1 for the December 1999 of an unduplicated count total of 2781 of children with IFSPs as defined by the Individuals with Disabilities Education Act (IDEA). This unduplicated count is made possible through an Infant Toddler Early Intervention Program (ITEIP) agreement with the Department of Social and Health Services, Division of Research and Data Analysis.

As required by the 1997 reauthorization of IDEA, the unduplicated count of children, birth to three with disabilities, is reported by race/ethnicity of the child. However, some families chose not to report in the standardized categories. Therefore, we are reporting these children in the multiracial/cultural, unspecified category. The category Other is noted on Table 1.

If you have any questions regarding the report, please contact Sandy Loerch, ITEIP Program Director, at (360) 902-8490. Thank you.

Sincerely,

  
LYLE QUASIM  
Secretary

Enclosure

c: Ed Hidano, Assistant Secretary, DSHS Health & Rehabilitative Services  
Timothy R. Brown, Ph.D., Acting Director, Division of Developmental Disabilities  
Sandy Loerch, Program Director, Infant Toddler Early Intervention Program  
Rhonda Ingel, Project Officer, OSEP



OMB NO.: 1820-0557

FORM EXPIRES: 8/31/2001

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION  
AND REHABILITATIVE SERVICES  
OFFICE OF SPECIAL EDUCATION  
PROGRAMS

TABLE 1

REPORT OF INFANTS AND TODDLERS RECEIVING  
EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

December 1, 1999

STATE: WASHINGTON

SECTION A

TOTAL NUMBER OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES				
	TOTAL	AGE AS OF DECEMBER 1		
		Birth - 1 ≤ 12 months	1 - 2 (> 12 and ≤ 24 months	2 - 3 (> 24 months and ≤ 36 months
TOTAL (ROWS 1-5)	2781	290	952	1539
1. AMERICAN INDIAN OR ALASKA NATIVE	92			
2. ASIAN OR PACIFIC ISLANDER	104			
3. BLACK OR AFRICAN AMERICAN (Not Hispanic)	124			
4. HISPANIC OR LATINO	397			
5. WHITE (Not Hispanic)	1894			
OTHER (multiracial/cultural, unspecified, etc.)	170			
	0			

## **H. PUBLIC COMMENT NOTIFICATION AND PARTICIPATION**

The changes as required by the federal regulatory changes were made to the Washington State Federal application. Changes were made available to the public for comment for sixty days. Over 1,300 stakeholders received the notification of the changes in language and the application's availability and request for public comment. These notices also included how to access changes on the ITEIP website:

<http://www.wa.gov/dshs/iteip/iteip.html>. Copies of the application were and are also available through the County Interagency Coordinating Council (CICC) Chairs, County Interagency Coordinating Council Contractors and Early Intervention Services Contractors. Contractors include Health Departments/Districts, County Human Services, non-profit agencies, education agencies and Tribal Governments.

Two public hearings were held during the comment period. One hearing was held in Seattle on August 29, 2000 and the other in Spokane on September 7, 2000. (see below for specifics) Press releases announced the public hearings and the process for obtaining copies of the application were distributed to the state media outlets. A copy of the press release is on file with the Infant Toddler Early Intervention Program.

Notice and opportunity for public comment were targeted and developed specifically for individuals with disabilities and parents of infants and toddlers with disabilities. Targeted groups included Parent-to-Parent, the Parent Training and Information agency, advocacy coalitions, SICC and SICC sub-committee members, ITEIP general interested parties mailing list.

<b>LOCATION</b>	<b>DATE</b>	<b>TIME</b>
Division of Developmental Disabilities Region 4 Office Cafeteria 1700 East Cherry Street Seattle, Washington (206) 568-5700	August 29, 2000	10:00 a.m.
Spokane Regional Health District Auditorium 1101 West College Spokane, Washington (509) 324-1651	September 7, 2000	10:00 a.m.

At the Spokane public hearing one comment was received on the new definition of parent, specifically the four part criteria for foster parent to act as the parent. The commentator felt the new language would potentially impact a large number of children statewide needing a surrogate parent. The concern was that parents' rights have not been relinquished under state law, but the parents are not always involved in the care of the child. No changes will be made as a result of the comment since the language is a federal requirement and defined per regulatory language.

Although the Natural Environments language was not changed, one person in Spokane did comment on Natural Environments. No written or verbal comments were received at the Seattle public hearings. No other written comments were received during the comment period.

# **SECTION IV**

## **REQUIREMENTS RELATED TO COMPONENTS OF THE STATEWIDE SYSTEM**

## **A. STATE DEFINITIONS OF DEVELOPMENTAL DELAY**

### **I. POLICY**

- A. The State Lead Agency assures that children, birth to three, shall be eligible for early intervention services the early intervention section of IDEA, if the multidisciplinary team finds any one of the following criteria exists:

1. Developmental Delay: A child shall be eligible if he or she demonstrates a delay of 1.5 standard deviation or 25% of chronological age delay in one or more of the following developmental areas as measured by appropriate evaluation tests or procedures, and administered by qualified personnel. In the case of hearing and vision, the criteria listed within hearing impairment and vision impairment applies:
  - a. Cognitive;
  - b. Physical (vision, hearing, fine or gross motor);
    - (1) Hearing Impairment– a hearing impairment which adversely affects a child’s development is:
      - (a) Unilateral sensorineural hearing loss and/or permanent conductive hearing loss of 45 dB or greater;
      - (b) Bilateral sensorineural hearing loss and or permanent conductive hearing loss which includes:
        - (i) hearing loss of 20 dB or greater better ear average of the frequencies 500, 1,000, and 2,000 Hz;
        - (ii) high frequency loss greater than 25 dB at two or more consecutive frequencies or average of three frequencies between 2000 and 6000 Hz in the better ear;
        - (iii) low frequency hearing loss greater than 30 dB at 250 and 500 Hz in the better ear; or
      - (iv) thresholds greater than 25 dB on Auditory Brainstem Response threshold testing in the better ear; or
      - (c) A six-month history of fluctuating conductive hearing loss or chronic middle ear effusion/infection of three months unresolved past initial evaluation.
    - (2) Vision Impairment– Infants and toddlers with visual impairment/blindness are:
      - (a) those children who have a visual impairment which adversely affects the child’s development even with correction. Eligibility shall be dependent on documentation of a visual impairment including one or more of the following conditions:
        - (i) legal blindness or visual handicap as they are customarily defined, either in terms of qualifying reduction in visual acuity and/or a qualified reduction in visual fields;



and can be expected to lead to blindness within a reasonable period of time;

- (b) If a visual acuity or field cannot be determined:
  - (i) the qualified personnel must identify a diagnosis or medical history which indicates a high probability of visual loss that may adversely affect the child's development;
  - (ii) a functional vision evaluation by a qualified professional is necessary to determine eligibility.
- (c) Communication;
- (d) Social or Emotional; or
- (e) Adaptive.

2. Or a diagnosed physical or mental condition

A child shall be eligible if he or she has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay including, but not limited to:

- a. Chromosomal abnormalities associated with mental retardation, such as Down syndrome;
- b. Congenital central nervous system birth defects or syndromes, such as myelomeningocele, fetal alcohol syndrome, or Cornelia de Lange syndrome;
- c. Deaf, blind or deaf-blind;
- d. Established central nervous system deficits resulting from hypoxia, trauma, or infection;
- e. Cerebral palsy;
- f. Health impairments such as autism, epilepsy, neurological impairment or other chronic or acute or degenerative health problems;
- g. Orthopedically impaired which means impairments of the normal function of muscles, joints or bones due to congenital anomaly, disease or permanent injury; and/or
- h. Microcephaly.

Note: Eligible children will also continue to receive the early intervention services based on their eligibility for other existing State programs. These programs include:

- (1) DSHS Division of Developmental Disabilities, WAC 275-27-026(6)(c) and (d);
- (2) DOH Children with Special Health Care Needs, WAC 246-710-020; and
- (3) Public Schools, WAC 392-172-114, 116, 122, 124, 138, 140, 142, and 144.

All children, birth to three, including children at risk for developmental delays, are entitled to participate in the following components with the consent of their parent(s): early identification, multidisciplinary evaluation, and determination of eligibility for early intervention services. The state of Washington currently does not provide early intervention services to at risk infants and toddlers.

The early intervention section of IDEA funding shall be used in all cases as the payer of last resort and shall be used to assist the State Lead Agency in assuring that all eligible infants and toddlers and their families receive services.

## **B. CENTRAL DIRECTORY**

### **I. POLICY**

- A. The State Lead Agency assures a central directory which lists public and private resources and experts in early intervention. The directory includes:
  - 1. The nature and scope of the services and assistance available;
  - 2. Contact information including telephone and/or address of services listed;
  - 3. Research and demonstration projects which affect early intervention service in the state;
  - 4. Professional and other groups that provide assistance to eligible children and their families for early intervention services; and
  - 5. Local Lead Family Resources Coordinators for each geographic area of Washington.
- B. The State Lead Agency assures that:
  - 1. The general public shall be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and
  - 2. Parents of a child eligible for early intervention services in the state of Washington can contact, by telephone, or letter, any of the sources listed in the directory.

### **II. PROCEDURES**

- A. The State Lead Agency shall continue to contract for a toll free 1-800-number for the central directory. The toll free number maintains current information and is updated on an ongoing basis. The toll free number is accessible to the general public, distributed statewide, has multi-state access, and includes interpretive services.
- B. Copies of the directory information are available throughout the state, including rural areas.
- C. Copies are accessible to persons with disabilities.
- D. Information about the directory is distributed through the statewide public awareness program.

**C. TIMETABLES FOR SERVING ALL ELIGIBLE CHILDREN**

**I. POLICY**

- A. The State Lead Agency assures that appropriate early intervention services are available to all eligible infants and toddlers with disabilities and their families, including Indian infants and toddlers and their families living on reservations geographically located in Washington State.
- B. The State Lead Agency and the State Education Agency (SEA) assure that the early intervention section of IDEA does not apply to any child receiving a Free Appropriate Public Education (FAPE) with funds under section 619, IDEA, Part B.

## **D. PUBLIC AWARENESS PROGRAM**

### **I. POLICY**

- A. The State Lead Agency assures a public awareness program that focuses on early identification of children who are eligible to receive early intervention services. The State Lead Agency assures, through contracts with early intervention services contractors, that program information and materials for parents and others are disseminated to all primary referral sources. Contractors are required to document where materials are locally distributed. The public awareness program shall provide for informing the public about:
1. The Infant Toddler Early Intervention Program;
  2. Washington's Child Find (early identification) system, including:
    - a. The purpose and scope of the system;
    - b. How to make referrals to the system;
    - c. How to gain access to a comprehensive, multidisciplinary evaluation and other needed early intervention services; and
  3. The central directory 1-800 number.

### **II. PROGRAM (see Appendix for materials)**

#### **Public Awareness Materials:**

#### **Languages Available:**

Developmental Prescreen Chart

English, Spanish, Russian,  
Cambodian, H'Mong, Hungarian,  
Chinese, Ethiopian-Amharic,  
Korean, Polish, Farsi, Ethiopian-  
Tigrignah, Laotian, and Vietnamese

A Family's Guide to Early Intervention  
Services in WA State

English, Spanish, Russian,  
Cambodian, Korean, Chinese,  
Laotian, and Vietnamese

It Can't Hurt to Ask Brochure  
It Can't Hurt to Ask Poster  
The Governor's Report

English and Spanish  
English and Spanish  
English

## **E. COMPREHENSIVE CHILD FIND SYSTEM**

## I. POLICY

- A. The State Lead Agency, with the assistance of the SICC, assures a coordinated Child Find (early identification) system. The system shall:
1. Be consistent with IDEA, Part B and the State Office of Education, which is responsible for statewide Child Find.
  2. Assure all eligible infants and toddlers in the state are identified, located and evaluated; and
  3. Include a method to identify infants and toddlers receiving early intervention services.
  4. Be a coordinated and shared responsibility among state agencies, early intervention services contractors, providers and local communities.
- B. The State Lead Agency, with the advice and assistance of the SICC, shall take steps to assure that unnecessary duplication of efforts does not exist between agencies involved, and that the state will make use of the resources available through each public agency in the state to implement the Child Find system in an effective manner. This includes:
1. Coordination of Child Find (early identification) efforts with the following:
    - a. Assistance to States Programs under IDEA, Part B (Public Schools);
    - b. Maternal and Child Health Programs under Title V of the Social Security Act (Coordinated Children's Services) and SSI under Title V;
    - c. Medicaid's Early Periodic Screening, Diagnosis, and Treatment (Healthy Kids) program under Title XIX of the Social Security Act;
    - d. Developmental Disabilities Assistance and Bill of Rights Act (Federal Department of Developmental Disabilities);
    - e. Head Start;
    - f. Supplemental Security Income Program under Title XVI of the Social Security Act; and
    - g. Tribes and tribal organizations that receive payments under IDEA, and other tribes and tribal organizations as appropriate.
    - h. State Early Childhood Education and Assistance Program.
    - i. State child care agencies.
- C. The State Lead Agency assures that referral procedures are developed and used for referring a child to the appropriate public agency for:
- a. evaluation and assessment; or
  - b. provision of Individualized Family Service Plan and/or early intervention services prior to completion of the evaluation and assessment.
- D. The State Lead Agency assures procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate

information on the availability of early intervention services as required in 303.321 to parents of infants with disabilities.

## II. PROCEDURES

- A. The early intervention services contractor shall coordinate the early identification (Child Find) of eligible infants and toddlers and their families (including targeted outreach to traditionally under represented populations) within their geographic service area.
- B. If any child is identified as potentially having a developmental delay by a primary referral source, the family will be referred to a Family Resources Coordinator.
- C. Primary referral sources are responsible for assuring that a referral is made no more than two working days after a concern(s) has been identified.
- D. The primary referral sources shall:
  - 1. Maintain written documentation which supports the parent's permission to refer, the parent's request that a referral not be made, or the parent's request to extend the timeline for referral beyond two days;
  - 2. Explain the services which will be available if the referral is made and the consequences of not accessing the services through the referral process;
  - 3. Inform the parent that the referral does not commit the family to participate in the early intervention services system; and
  - 4. Initiate follow-up contacts with families who request a referral not be made.
- E. Primary referral sources may include:
  - 1. Hospitals, including prenatal and postnatal facilities;
  - 2. Physicians;
  - 3. Parents;
  - 4. Child care programs;
  - 5. Local education agencies;
  - 6. Public health facilities;
  - 7. Additional social service agencies;
  - 8. Other health care providers; and
  - 9. Other education agencies.
- F. The Family Resources Coordinator upon receiving the referral from the primary referral source shall:
  - 1. Assure the family knows about Family Resources Coordination and has agreed to have a Family Resources Coordinator contact them.
  - 2. Contact the family to share information.
  - 3. Share parent rights and procedural safeguards.

4. Discuss any concerns with a child's parent(s).
  5. Assist the family in receiving a developmental screening, if appropriate.
- G. The Family Resources Coordinator shall assist the family in obtaining a multidisciplinary evaluation and assessment for the child. Evaluations and assessments are available in accordance with the following agencies' rules and scope of responsibility: local health department/districts; local school districts; county or regional DD providers; other public or private providers, or the local early intervention services contractors as payers of last resort.
- H. Evaluation and assessment shall be conducted within 45 days of receipt of referral (see evaluation and assessment, Individualized Family Service Plan procedures).
- I. If the infant or toddler is found eligible an Individualized Family Service Plan meeting shall also be held and services authorized within 45 days of referral as documented on the written Individualized Family Service Plan. The Family Resources Coordinator will coordinate the implementation of services.
- J. The Family Resources Coordinator shall provide notice to parents of an Individualized Family Service Plan meeting (see Procedural Safeguards notice to parents).
- K. The Family Resources Coordinator shall coordinate the Individualized Family Service Plan meeting with the family participants and others who will attend the meeting.
- L. Primary referral sources are informed about early identification procedures through a memo from the State Lead Agency. (See transmittal letter)
- M. Washington will use, on an annual basis, a survey directed to primary referral sources, especially hospitals and physicians, to determine the extent to which those referral sources disseminate information on the availability of early intervention services, as required, to parents of infants and toddlers with disabilities.
- N. If an infant or toddler is not eligible, the Family Resources Coordinator shall review with the family any other available services that may be related to child's/family's needs and provide information on how to access them. Referral for tracking may be offered as available and appropriate.





Infant Toddler  
Early Intervention  
Program

State of Washington,  
Department of Social &  
Health Services

## Dear Washington Primary Care Provider,

Many babies and toddlers with disabilities or delayed development in our state are benefiting from early intervention services. Yet we know that about half of all children with such difficulties are not identified until they reach school age.

As a primary care provider dedicated to the care of young children, families entrust you with the health of their children and turn to you for expert clinical judgement and advice. *You are in a key position to identify, at the earliest possible age, children with potential developmental delays*

If you or a family has a concern about a child's development, help is available in Washington State. The **Infant Toddler Early Intervention Program (ITEIP)** coordinates a statewide system of early intervention services and assistance in accessing those services. When you call a **Family Resources Coordinator (FRC)**, they will assist you and families to:

- ▶ Arrange more in-depth developmental screening or evaluation to verify or rule-out the need for early intervention services;
- ▶ Explain early intervention services available and help develop an Individualized Family Service Plan (IFSP), if needed;
- ▶ Access other community programs such as parent support, respite, and transportation; and
- ▶ Identify funding resources for early intervention services including SSI and federal early intervention program monies.



Developmental screening and evaluation and FRC services are provided at no cost to families.

Families continue to provide testimony about the positive impact of intervention and early referral on the lives of their children and families. Here are a few examples of what families are saying about early intervention services:

*"Looking back on it, it was hard; but at least our doctor didn't say 'let's just wait and see'. He didn't put us off. After the evaluation we knew what our son needed. We didn't waste a lot of time just worrying about what to do."*

*"My Family Resources Coordinator (FRC) really goes the extra mile. She is an amazing information resource. If she does not know what the solution is, she says 'we'll find a way'."*

*"The therapists have been great. They have been a major source of support both in terms of giving us information about our child's diagnosis and the emotional support of having a child with a disability."*

*"Our son will never reach the major developmental milestones – he'll never walk or talk – but he is definitely making progress. Therapy has helped us appreciate his small triumphs and allowed us to simply enjoy him as our son."*

## Parents' Rights for Referral

Federal and state legislation assert that parents have a right to be referred for early intervention services if there is an established or suspected delay in their child's development. The intent is that every family who might need services have information about the availability of programs and that referrals be made in a timely manner.

Washington State requirements for the ITEIP state that individuals, such as primary care providers, who are in a position to make early intervention referrals shall:

- Refer families to an FRC within two working days of identifying a developmental delay or a disability that could lead to a delay, unless a family requests an extension to the timeline or requests that a referral not be made;
- Explain the services available to families when they accept a referral to an FRC (including screening, evaluation, service coordination, an IFSP, and the potential for special funding);
- Inform parents that the referral does not commit them to participate in the early intervention program;
- Maintain written documentation of the parent's permission to refer, the parent's request that a referral not be made, or the parent's request to extend the 2-day referral timeline.

Therefore primary care providers are asked to:

- Attend to developmental milestones;
- Ask parents about their children's development; and
- Respond to parents' concerns.

### From a pediatrician's experience:

"Doctors are often worried that talking about a child's development will scare the parent. The opposite is true. Parents are often pleased to be offered a venue to talk about their child's development and relieved to share any concerns they may have.

Parents worry in their hearts, in their guts. Yet many may not bring up their concerns during the well child visit, especially when the doctor seems so busy."

So...

### Please Ask, Babies Can't Wait

Additional information about the Infant Toddler Early Intervention Program is available at 360-902-8488 (TDD 360-902-7864) or at <http://www.wa.gov/dshs/iteip/iteip.html>

Thank you for referring to early intervention services and for your ongoing commitment to Washington's children and their families.

Please  
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Babies Can't  
Wait.



Sandy Doerch  
Director, Infant Toddler Early Intervention  
Program  
State of Washington, Department of Social  
& Health Services



Dave Cundiff, M.D., M.P.H.  
Medical Director, Medical Assistance  
Administration  
State of Washington, Department of  
Social & Health Services

## How to contact a Family Resources Coordinator (FRC)

Enclosed is a list of Family Resources Coordinators in Washington State. Families can call the FRC directly or, with the family's permission, you or your office staff can make the call. The FRC can also provide you with brochures and posters about the **Infant Toddler Early Intervention Program** and child development charts for sharing with families or posting in your office. A sample brochure is enclosed.

Also, anyone can call the Healthy Mothers, Healthy Babies hotline (1-800-322-2588) for local resource and service information and/or be transferred to an FRC or other community program. A Rolodex card with this hotline number is enclosed.



State of Washington,  
Department of Social &  
Health Services

## Dear Washington Primary Referral Sources,

Many babies and toddlers with disabilities or delayed development in our state are benefiting from early intervention services. Yet we know that about half of all children with such difficulties are not

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As a primary referral source dedicated to the support and services for young children and families, people turn to you for information and advice. *You are in a key position to identify, at the earliest possible age, children with potential developmental delays*

If you or a family has a concern about a child's development, help is available in Washington State. The **Infant Toddler Early Intervention Program (ITEIP)** coordinates a statewide system of early intervention services and assistance in accessing those services. When you call a **Family Resources Coordinator (FRC)**, they will assist you and families to:

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- Explain the services available to families when they accept a referral to an FRC (including screening, evaluation, service coordination, an IFSP, and the potential for special funding);
- Inform parents that the referral does not commit them to participate in the early intervention program;
- Maintain written documentation of the parent's permission to refer, the parent's request that a referral not be made, or the parent's request to extend the 2-day referral timeline.

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**F. CHILD EVALUATION, ASSESSMENT, AND  
NONDISCRIMINATORY PROCEDURES**

**I. POLICY**

- A. The State Lead Agency assures a timely, comprehensive, multi-disciplinary evaluation for each child, birth to age three, including assessment activities related to the child's unique strengths and needs, and the voluntary family directed identification of needs.
- B. The multidisciplinary team (consisting of at least two qualified personnel) shall determine eligibility for early intervention services under IDEA, based on the results of the evaluation including informed clinical opinion agreed upon by the multidisciplinary team. The informed clinical opinion shall be substantiated and documented in a written narrative and may include information provided by parent report and/or interview.
- C. Evaluations and assessments are conducted by the local service provider(s) and agencies as stated in Child Find procedures. The State Lead Agency assures that evaluation and assessment requirements are implemented by all agencies and service providers.
- D. Each family of an eligible child shall be offered a family directed identification of needs of each family to appropriately assist in the development of the infant or toddler. The family directed identification of needs is voluntary on the part of the family.

**II. PROCEDURES**

- A. The evaluation and assessment of each child shall be:
  - 1. Conducted by qualified personnel trained to use appropriate methods and procedures;
  - 2. Conducted using evaluation tests and procedures; and
  - 3. Based on informed clinical opinion.
- B. The evaluation and assessment of each child shall be substantiated and documented in a written narrative and may include information provided by parent report and/or interview.
- C. Each evaluation shall include:
  - 1. Review of current health records and medical history;
  - 2. Determination of child's level of functioning in each of the following developmental areas:

- a. Cognitive development;
    - b. Physical development, including vision and hearing; fine and gross motor;
    - c. Communication development;
    - d. Social or emotional development; and
    - e. Adaptive development; as well as
  - 3. Assessment of child's unique strengths and needs and identification of appropriate early intervention services in each area under B2 above.
- D. The State Lead Agency assures that evaluations and assessments are:
- 1. Conducted within 45 days of referral; or if exceptional circumstances prevent the 45 day timeline from being met, the local service provider or agency responsible shall document the circumstances and shall develop and implement an interim Individualized Family Service Plan as appropriate and consistent with interim Individualized Family Service Plan procedures (See Interim Individualized Family Service Plan Procedures);
  - 2. Conducted by qualified personnel; and
  - 3. Conducted using more than a single procedure as criteria for determining eligibility. This means using a minimum of two professionals from different disciplines and two tests or procedures.
- E. The State Lead Agency assures that evaluation tests and procedures are:
- 1. Administered in native language or mode of communication; and
  - 2. Selected and administered so as not to be racially or culturally discriminatory.
- F. Procedures for family directed assessment (see Individualized Family Service Plan Procedures)

## **G. INDIVIDUALIZED FAMILY SERVICE PLANS**

### **I. POLICIES**

- A. The State Lead Agency shall assure that a single written Individualized Family Service Plan is developed and implemented in accordance with the early intervention section of IDEA for each eligible infant and toddler and their family.
- B. The State Lead Agency assures that each Individualized Family Service Plan is developed and implemented:
  - 1. Jointly by the family and qualified personnel involved in the provision of early intervention services;
  - 2. Based on the multidisciplinary evaluation and assessment of the child, and the voluntary family directed identification of needs;
  - 3. Includes services necessary to enhance the development of the child and the capacity of the family to meet the needs of the child; and
  - 4. Incorporates all other plans and activities including Individual Education Plans necessary to coordinate early intervention services.
- C. The State Lead Agency assures if there is a dispute between agencies as to who has responsibility for developing and implementing an Individualized Family Service Plan, the State Lead Agency shall resolve the dispute through dispute resolution procedures. (See dispute resolution and the State Interagency Agreement.)

### **II. PROCEDURES**

- A. The State Lead Agency assures that:
  - 1. Evaluations and assessments are conducted according to Evaluation and Assessment Policy and Procedures;
  - 2. An Individualized Family Service Plan is developed and implemented for each eligible infant and toddler and their family; and
  - 3. Family Resources Coordination is available to each eligible infant and toddler and their family and provided to each child and family choosing to participate in the Infant Toddler Early Intervention Program.
- B. Each family of an eligible infant and toddler shall be offered assistance to develop a statement (based on the family directed assessment and identification of needs) of resources, priorities and concerns of the family related to enhancing the development of the child.
- C. The family directed assessment, identification of needs and the family statement shall be voluntary on the part of the family.
- D. If the family directed assessment is conducted, the assessment shall:



1. Be conducted by personnel trained to utilize appropriate methods and procedures;
  2. Reflect the family's description of its resources, priorities and concerns related to enhancing the child's development;
  3. Be based on information provided by the family in personal interviews;
  4. Include assistance offered by the Family Resources Coordinator or through other personnel who have been trained in appropriate interview techniques to develop the family statement; and
  5. Result in a written family statement in the Individualized Family Service Plan unless there is documentation that the family does not wish to have the family statement in their plan.
- E. A meeting to develop the initial Individualized Family Service Plan shall be conducted within 45 days of referral.
- F. The Individualized Family Service Plan shall be reviewed at least every six months, or more often if conditions warrant, or if the family requests a review to determine:
1. The degree to which progress is being made toward achieving the outcomes; or
  2. Whether revisions or modifications of outcomes or services are necessary to meet the changing needs of the infant or toddler.
- G. The Individualized Family Service Plan six month review may occur at a meeting or by other means acceptable to parents and other participants;
- H. Each six month review shall include the parents, other family members, an advocate, or persons outside the family as requested by the parents and the Family Resources Coordinator. If conditions warrant, provisions must be made for the participation of other representatives.
- I. A meeting shall be conducted on at least an annual basis to evaluate the Individualized Family Service Plan for a child and the child's family. The annual meeting shall:
1. Review early intervention and other services. The results of any current evaluations and other information from the ongoing assessment of the child and family must be used in determining what early intervention services are needed and will be provided.
  2. Result in a new Individualized Family Service Plan, which may be a revision of the previous Individualized Family Service Plan.



- J. All Individualized Family Service Plan meetings (i.e., initial, annual reviews, and transition) shall be:
1. Conducted in settings and at times convenient to the family members;
  2. Conducted in the parent's native language, or other mode of communication including having an interpreter available at the meeting if the Individualized Family Service Plan team is not fluent in the parent's native language; and
  3. Arranged with the family, with prior written notice provided to the family and other participants, early enough before the meeting date to assure that they will be able to attend.
- K. The contents of the individual family service plan shall be fully explained to the parents. Informed written consent from the parents shall be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent, with respect to a particular early intervention service, or withdraw consent after first providing it, that service may not be provided. The early intervention services for which consent is obtained shall be provided.
- L. Written prior notice for an Individualized Family Service Plan meeting shall be given by the Family Resources Coordinator to the parent(s) of an eligible child a reasonable time before the service provider(s) propose(s) or refuse(s) to initiate or change the identification, evaluation, or service placement of the child; or the provision of early intervention services to the child and the family.
1. The notice to parents and other participants shall include:
    - a. The purpose of the meeting, time, place, and who is invited;
    - b. An explanation of all the procedural safeguards available to the parent; and
    - c. The action proposed or refused by the local service provider, and why the service provider proposes or refuses to take the action.
  2. The notice shall be:
    - a. Written in language understandable to the general public; and
    - b. Provided in the native language of the parent or other mode of communication used by the parent.
  3. If the native language or other mode of communication of the parent is not a written language, the Family Resources Coordinator shall take steps to assure that:
    - a. The notice is translated orally or by other means to the parent in his or her native language or other mode of communication;
    - b. The parent understands the content of the notice; and
    - c. There is written evidence that the requirements in item 1 (a) and (b) have been met.

4. If a parent is deaf or blind, or has no written language, the mode of communication, shall be that normally used by the parent (such as sign language, Braille, or oral communication).
- M. The participants in the initial and annual Individualized Family Service Plan meetings shall include:
1. Parent(s) of the child;
  2. Family Resources Coordinator who has been designated by the local early intervention services provider to be responsible for implementation of the Individualized Family Service Plan;
  3. The Family Resources Coordinator that has been working with the family since the initial referral of the child for evaluation, if different;
  4. Other family members, an advocate, or person outside the family as requested by the parents; and/or
  5. Persons who are directly involved in conducting the evaluation and assessments. If unable to attend, arrangements shall be made for involvement and sharing information with the family and other participants through other means including:
    - a. Making pertinent records available at the meeting; or
    - b. Having a knowledgeable, authorized representative attend the meeting to present and interpret their records; or
    - c. Participating in a telephone conference call; and
  6. Other service provider(s) as appropriate, to the child and family.
- N. The Individualized Family Service Plan shall include but is not limited to the following information:
1. A statement of the infant's or toddler's present levels of development, based on professionally acceptable, objective criteria, including:
    - a. Physical development which includes: fine motor, gross motor, vision, hearing, and health status;
    - b. Cognitive development;
    - c. Communication development;
    - d. Social or emotional development; and
    - e. Adaptive development.
  2. With the concurrence of the family, a statement of the family's resources, priorities, and concerns relating to enhancing the development of their infant or toddler.
  3. A statement of the major outcomes expected to be achieved for the infant or toddler and the family, and the criteria, procedures and timelines used to determine:
    - a. The degree to which progress toward achievement is being made; and

- b. Whether modifications or revisions of outcomes or services are necessary.
- 4. A statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, to achieve the outcomes identified in 3 above including:
  - a. Frequency, intensity, location, and method of delivering the service (see definition section);
  - b. A statement of the natural environments in which early intervention services shall be provided, including a written statement justifying the extent, if any, to which the service will not be provided in a natural environment; and
  - c. The payment arrangement (who is funding the service?).
- 5. To the extent appropriate, the Individualized Family Service Plan shall include:
  - a. Medical and other services that the child or family needs, but that are not required as early intervention services;
  - b. The funding sources to be used in paying for those services; or
  - c. If necessary, the steps to secure those services through public or private sources.

Note: Medical and other services does not apply to routine medical services (e.g., immunizations and "well-baby" care), unless a child needs those services and the services are not otherwise available or being provided.
- 6. Projected dates for initiation as soon as possible after the Individualized Family Service Plan meeting and anticipated duration of those services.
- 7. The name of the Family Resources Coordinator who will be responsible for facilitating implementation of the Individualized Family Service Plan and coordination with other agencies and persons.

This may include the assignment of the same Family Resources Coordinator who was appointed when the child was referred for the initial evaluation or the appointment of a new Family Resources Coordinator to be responsible for implementing a child's and family's Individualized Family Service Plan.
- 8. Steps to be taken to support the transition of the child and family upon the child reaching age three. (see Transition Policy)

O. Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child and family in achieving the outcomes in the child's Individualized Family Service Plan. However, these procedures do not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the child's Individualized Family Service Plan

## **H. INTERIM INDIVIDUALIZED FAMILY SERVICE PLAN**

### **I. POLICY**

The State Lead Agency shall assure that a written Interim Individualized Family Service Plan is developed for an eligible child and the child's family when early intervention services need to begin before the completion of the evaluation and assessment within the 45 days after referral.

### **II. PROCEDURES**

- A. The State Lead Agency assures that an Interim Individualized Family Service Plan is developed with the following conditions met:
  - 1. Informed written consent from the parent(s) is obtained prior to the provision of early intervention services described in the plan.
  - 2. An Interim Individualized Family Service Plan is developed that contains:
    - a. The name of the Family Resources Coordinator who is responsible for the implementation of the Interim Individualized Family Service Plan and coordination with other agencies and persons; and
    - b. The early intervention services that have been determined to be needed immediately by the child and the child's family.
  - 3. The evaluation and assessment are completed within the required 45 day time period from referral.
  - 4. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g. if a child is ill),
    - the Family Resources Coordinator will:
      - a. Document those circumstances; and
      - b. Develop and implement an Interim Individualized Family Service Plan.

## **I. NATURAL ENVIRONMENTS**

### **I. POLICY**

- A. The State Lead Agency shall assure to the maximum extent that appropriate early intervention services are provided in natural environments. (See definition of Natural Environments in Section III.)
- B. The State Lead Agency shall assure early intervention services for any infant or toddler, with disabilities, occurs in a setting other than a natural environment, only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

### **II. PROCEDURES**

- A. The Individualized Family Service Plan shall include a statement of the natural environment in which early intervention services shall appropriately be provided.
- B. The Individualized Family Service Plan shall include a written statement justifying the extent, if any, to which the service will not be provided in a natural environment.

## **J. TRANSITION POLICY**

### **I. POLICY**

The State Lead Agency shall assure a smooth transition for children participating in the early intervention program who are eligible for preschool under Part B or other appropriate services. The transition plan shall be a component of the child's Individualized Family Service Plan. The State Lead Agency and the State Education Agency shall assure coordination on transition matters in the Interagency Agreement.

### **II. PROCEDURES (See Individualized Family Service Plan procedure)**

- A. The early intervention services contractor, in coordination with the Family Resources Coordinator who is responsible for facilitating the implementation of the Individualized Family Service Plan, shall:
  - 1. Notify the family of the need for planning regarding transition. The planning coincides with the review of the Individualized Family Service Plan at least 6 months before the child's third birthday (see notification procedures Individualized Family Service Plan policy);
  - 2. With family permission, notify the local school district in which the child and family reside of the need for planning regarding transition by age three;
  - 3. With parental consent, transmit information about the child to the subsequent service provider(s), including the local school district, to ensure continuity of services, including evaluation and assessment information and copies of Individualized Family Service Plans that have been developed and implemented.
  - 4. The Family Resources Coordinator shall coordinate with the early intervention local service provider(s) and the local school district to:
    - a. Compile existing evaluation information, and
    - b. Complete any additional evaluations necessary for the school to determine eligibility for Part B services.
  - 5. With the family's permission, the Family Resources Coordinator and the local school district convene the transitional planning meeting at least 90 days, or at the discretion of all parties, up to six months prior to the child's third birthday to discuss any preschool services the child may receive.
    - a. The participants at the meeting include:
      - (1) The parent(s) and other persons as requested by the parents;
      - (2) Local school district representative and if different the current serving school district or designee;
      - (3) The early intervention services contractor, or designee;
      - (4) The current early intervention service provider(s), as appropriate;

- (5) The Family Resources Coordinator; and
    - (6) Others as appropriate.
  - b. The meeting shall include a review of the child's service/program options from the day the child turns three through the remainder of the school year.
- 6. The written transition plan shall include:
  - a. The service/program options; and
  - b. Steps required to support the transition including:
    - (1) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition, including the local school district determination of eligibility;
    - (2) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting.
- 7. If the child does not meet eligibility requirements for the preschool special education program but meets criteria for other services, the Family Resources Coordinator shall make a reasonable effort to convene a transition conference with the local early intervention services contractor, family and providers of other appropriate public and private services that may be available to discuss the services that the child may receive.

## **K. COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD)**

### **I. POLICY**

The State Lead Agency shall assure a Comprehensive System of Personnel Development consistent with the Individuals with Disabilities Education Act (IDEA), Part B.

### **II. PROCEDURE**

- A. The Comprehensive System of Personnel Development shall provide:
  - 1. Pre-service and in-service training to be conducted on an interdisciplinary basis to the extent appropriate.
  - 2. The training of a variety of personnel to meet the requirements of this part including:
    - a. Public/private providers;
    - b. Primary referral sources;
    - c. Paraprofessionals; and
    - d. Family Resources Coordinators.
  - 3. Opportunities for parents to participate in training.
- B. Training provided in the comprehensive system shall relate specifically to:
  - 1. Understanding the basic components of early intervention services available in the state;
  - 2. Meeting interrelated social and emotional, health, developmental and educational needs of eligible children; and
  - 3. Assisting families to enhance the development of their children, and to participate fully in the development and implementation of Individualized Family Service Plans.
- C. The comprehensive system shall coordinate with existing agencies' and organizations' personnel development plans.
- D. Comprehensive System of Personnel Development (CPSD) may include:
  - 1. Innovative strategies and activities for the recruitment and retention of early intervention service providers;
  - 2. Preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;
  - 3. Training personnel to work in rural and inner-city areas and cross culturally; and;
  - 4. Training personnel to coordinate transition services for infants and toddlers from an early intervention program to a preschool program under Part B, or other appropriate services.

## **L. PERSONNEL STANDARDS**

## **COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT**



## I. POLICY

- A. The State Lead Agency assures the establishment and maintenance of standards for personnel necessary to carry out early intervention services for infants and toddlers and their families.
- B. The State Lead Agency assures that personnel are appropriately and adequately prepared and trained, including the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with state law, regulations, or written policy, to assist in the provision of early intervention services to eligible infants and toddlers.
- C. The personnel standards meet the highest entry level academic degree needed for the state approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline. (See Definition of State Approved or Recognized Certification, Licensing, Registration, or Other Comparable Requirements in Section III.)
- D. In identifying the "highest requirements in the State" (see Definition of State Approved or Recognized Certification, Licensing, Registration, or Other Comparable Requirements in Section III) the requirements of all State statutes and rules of all State agencies applicable to serving children eligible under the early intervention section of IDEA and their families were considered.
- E. Personnel meeting the highest entry level academic degree needed for approved or recognized certification, licensing, registration, or other comparable requirements are qualified to provide early intervention services.
- F. If personnel are identified who do not meet these standards, the State Lead Agency and/or the participating agencies assure necessary notification occurs to correct any identified deficiencies.
- G. Standards include provisions for temporary and emergency certification.
- H. Standards shall be on file in the State Lead Agency and available to the public by contacting: Department of Social and Health Services; Infant Toddler Early Intervention Program, Post Office Box 45201; Olympia, WA 98504-5201.

## II. PROCEDURE

- A. The State Lead Agency and participating agencies shall follow existing Washington Administrative Codes.
- B. The State Lead Agency and participating agencies shall follow existing hiring and personnel standards.

**NOTE:** Standards have been reviewed for all applicable statutes and rules.

- C. The State Lead Agency and Department of Health shall adhere to Department of Personnel job qualifications for the following disciplines:

- Audiologist
- Developmental Disabilities Case/Resource Manager
- Nurse
- Nutrition Consultant
- Occupational Therapist
- Orientation and Mobility Specialist
- Physical Therapist
- Physician, Pediatrician
- Psychologist
- Social Worker
- Speech Consultant
- Speech Pathologist

- D. The Office of the Superintendent of Public Instruction (OSPI) shall adhere to their current certification requirements for the following job titles:

- Communication Disorder Specialist (Speech Pathology, Audiology)
- Educational Staff Associate
- Occupational Therapist
- Physical Therapist
- School Counselor
- School Nurse
- School Psychologist
- School Social Worker
- Special Education Teacher and Early Childhood Special Education Teacher

- E. The Washington State Department of Health has the following relevant professions listed in its regulations:

Counselor, Marriage and Family Therapist  
Nurse  
Nutritionist  
Occupational & Physical Therapist  
Physicians (Includes Pediatrician)  
Psychologist  
Social Worker (see Counselor regulations)

NOTE: Vision Specialists must be certified Special Education Teachers.

- F. Notification

1. The State Lead Agency and each early intervention services contractor shall notify personnel of the steps needed to meet the highest entry level requirements.
2. Personnel policies and procedures are distributed to early intervention services contractors and County Interagency Coordinating Councils. They are on file in the State Lead Agency, have been distributed statewide and continue to be available to the public.

- G. Steps and Timelines

1. The State Lead Agency and each participating agency have established timelines for retaining or hiring personnel that meet the State's requirements. All personnel have requirements that meet state standards.
2. To bring personnel into compliance, the completed self-evaluations and/or contractual monitoring will include a review of personnel qualifications to assure that they meet or exceed Washington State's highest entry level requirements as summarized in the following chart.
3. In the event that the Infant Toddler Early Intervention Program self-assessment tool completed by the early intervention services contractor reveals that any staff member providing early intervention services does not hold a Washington approved highest entry level or recognized certification, licensing, registration or other comparable requirement, the early intervention services contractor will develop appropriate strategies in their self-assessment action plan to achieve compliance by completion of the contract year. This may include retraining a staff member or hiring a person who meets Washington's requirements.

4. In the event that Infant Toddler Early Intervention Program contract monitoring reveals that any staff member providing early intervention services does not hold a Washington approved highest entry level or recognized certification, licensing, registration, or other comparable requirement, the State Lead Agency will notify the early intervention services contractor and work with them to develop an appropriate technical assistance plan to achieve compliance by completion of the contract year. This may include retraining a staff member or hiring a person who meets Washington's requirements.
5. In the event that barriers related to lack of qualified personnel and personnel standards are identified, the barriers will be presented to the State Interagency Coordinating Council for development of strategies to resolve the barriers.
6. By October, 2005 all personnel in the state will meet the highest entry level requirements.

## HIGHEST ENTRY LEVEL REQUIREMENTS IN WASHINGTON STATE FOR EARLY INTERVENTION PROFESSIONALS

References: Available for public inspection at the Department of Social and Health Services  
Infant Toddler Early Intervention Program

1. Revised Codes of Washington Chapters 18 and 24A
2. Washington Administrative Codes 180 and 246
3. Washington State Department of Personnel Job Specifications

(This chart summarizes a review of all Washington statutes and the rules of all Washington agencies applicable to serving children eligible under the early intervention section of IDEA and their families.)

<b>Discipline</b>	<b>Highest Entry-Level</b>	<b>Certification/ Licensure/ Registration</b>
Audiologist	Master's in Audiology	Not Required (Certificate/DOH if fitting and dispensing hearing instruments)
Family Resources Coordinator	Complete training provided by DSHS Infant Toddler Early Intervention Program	Registration with DSHS Infant Toddler Early Intervention Program
Marriage and Family Therapist	Master's in Marriage and Family Therapy or Behavioral Science	Certificate/DOH
Mental Health Counselor	Master's in Mental Health Counseling or related field	Certificate/DOH
Nursing Personnel:		
a. Practical Nurse	Completed an approved program for the education of practical nurses, or its equivalent	License/DOH Carries out programmatic early intervention health and nursing services under the supervision of a registered nurse.
b. Registered Nurse	Diploma from an approved school of nursing Same as Registered Nurse	License/DOH
c. School Nurse	Baccalaureate degree in nursing from a National League of Nursing accredited program	License (Registered Nurse)/DOH Certificate/OSPI

<b>Discipline</b>	<b>Highest Entry-Level</b>	<b>Certification/ Licensure/ Registration</b>
Nutritionist	Master's in Human Nutrition, Nutrition Education, Foods and Nutrition, or Public Health	Certificate/DOH
Occupational Therapist	Baccalaureate	License/DOH
Optometrist	Doctor of Optometry	License/DOH
Orientation and Mobility Specialist (for the blind and visually impaired)	Baccalaureate and meets course requirements for certification with the Association for the Education and Rehabilitation of the Blind and Visually Impaired (AER)	Not Required
Physician (for example, Family Practitioner, Pediatrician, Ophthalmologist)	Doctor of Medicine	License/DOH
Physical Therapist	Baccalaureate	License/DOH
Psychology Personnel:		
a. Psychologist	Doctorate (including an integrated program of study in psychology)	License/DOH (Exception: A person who is employed by the State may practice psychology with a Master's degree, under the supervision of a licensed Psychologist.)
b. School Psychologist	Master's with a specialization in School Psychology	Certificate/OSPI
Social Work Personnel:		
a. Social Worker	Master's in Social Work	Certificate/DOH
b. School Social Worker	Master's in Social Work	Certificate/OSPI

<b>Discipline</b>	<b>Highest Entry-Level</b>	<b>Certification/ Licensure/ Registration</b>
Special Educator	Baccalaureate	Certification, with Early Childhood Special Education endorsement /OSPI(Exception: Endorsement is not required if a person applied for their continuing certificate prior to July 1, 1988.)
Speech and Language Personnel:		
a. School Speech-Language Pathologist	Master's in Speech Pathology	Certificate/OSPI
b. Speech-Language Pathologist	Master's in Speech Pathology	None
Teacher	Baccalaureate	Certification/OSPI
Teacher of the Visually Impaired	Baccalaureate	Special Education Certificate/OSPI

## **TEMPORARY AND EMERGENCY CERTIFICATION**

The following is a brief overview of provisions for temporary and emergency certification for early intervention personnel. It is intended as a "roadmap," not a procedure.

NOTE: Temporary permits or certifications are addressed in RCWs and WACs and are also included in the Personnel Standards section of the Appendix. These temporary permits include the steps necessary to bring the individuals up to the standard requirements of the State.

### **Merit System Rules/DSHS and DOH**

Special Exam- Upon the written request of the appointing authority, the Director of Personnel may waive or modify the minimum qualifications for a class to fill a vacant position on a one-examination basis only when a) there is an incomplete register following recent recruiting; and b) an underfill appointment is not feasible in that the position is supervisory or managerial in nature or otherwise requires the full and immediate discharge of duties and responsibilities; and c) the Director of Personnel determines the established minimum qualifications to be appropriate under normal conditions and should not be permanently changed.

The Director of Personnel may admit to an examination an applicant who does not technically meet the published minimum qualifications if the Director determines that the applicant's qualifications exceed the minimum qualifications of the class for which the examination is being conducted. (See Merit System Rules as follows.)

Emergency- When an emergency occurs requiring the immediate services of a person or persons, the appointing authority (DSHS [State Lead Agency] and DOH) may appoint a person without following the normal procedures governing appointment. An emergency appointment shall not exceed 30 calendar days. The Directory of Personnel shall monitor emergency appointments made and may revoke delegated authority where abuse is found. (See Merit System Rules as follows.)

Special Exam and Emergency provisions apply to the following job classifications related to direct service provision with DSHS and DOH:

Developmental Disabilities Case/Resource Manager  
Orientation and Mobility Specialist  
Social Worker, Psychiatric Social Worker  
Speech Consultant, Speech Pathologist

Limited Certificates/OSPI



Conditional Certificates may be issued to persons who are highly qualified and experienced in subject matter to be taught in the common or non-public schools, provided that: (1) no person with regular certification in the field is available; (2) the basis on which the individual was determined competent for the assignment; (3) the individual is being certified for a limited assignment and responsibility in a specified activity/field; (4) the individual will be delegated primary responsibility for instructional activities with the direct assistance of a school district mentor, and will not be serving in the role of a paraprofessional which would not require certification; (5) personnel so certificated will be oriented and prepared for the specific assignment by the employing district or agency; a written plan of assistance will be developed, in cooperation with the person to be employed within 20 working days from the commencement of the assignment; and (6) within the first 60 working days, personnel so certified will complete 60 clock hours (6 quarter hours or 4 semester hours) of course work in pedagogy and child/adolescent development appropriate to the assigned grade level(s) as approved by the employing school district.

The certificate is valid for two years or less and only for the activity specified. It may be reissued for two years and for two year intervals thereafter upon completion of 60 clock hours (6 quarter hours or 4 semester hours) of course work since the issuance of the most recent certificate as approved by the employing district.

Emergency certification for specific positions may be issued to persons who hold the appropriate degree and have substantially completed a program of preparation in accordance with Washington requirements for certification: provided that a qualified person who holds regular certification is not available or that the position is essential and circumstances warrant consideration of issuance of an emergency certificate. The emergency certificate is valid for one year.

Appendix, Personnel Standards, OSPI

WAC 180-79

WAC 180-79-230(1) Conditional Certificate; (3) Emergency Certification

These apply to teachers only.

#### Temporary Permits/OSPI

Temporary permits may be issued by the Superintendent of Public Instruction and designated agents under the following conditions: 1) person has filed an application for a certificate and has completed all requirements for certification, 2) individual has applied for a permit directly to the Superintendent or designated agents, 3) permit entitles holder to serve as a teacher, educational staff associate or administrator consistent with the endorsement(s) on his/her permit, 4) permit is valid for 120 consecutive calendar days unless prior to the expiration date the Superintendent of Public Instruction determines the

applicant is ineligible to receive a valid certificate or endorsement, and 5) the permit may be reissued only upon demonstration that the applicant has made a good faith effort to secure the missing documentation. Applies to OSPI.

Appendix, Personnel Standards Section, OSPI

Temporary Permits WAC 180-75-090, Applies to Teachers (includes Special Educators) and Educational Staff Associates (includes: Communication Disorders Specialists, Nurses, Occupational Therapists, Physical Therapists, School Counselors, School Psychologists, and School Social Workers)

#### Temporary Out-of-Endorsement Assignment

A temporary out-of-endorsement assignment may be made when (1) the district or agency is unable to recruit a teacher with the proper endorsement; (2) the need for a teacher with such an endorsement could not have been reasonable anticipated and the recruitment of such a teacher at the time of assignment was not reasonable practicable; (3) a teacher from within the district could not be reassigned; (4) the district has a surplus of teachers with endorsements in specified grade or subject areas and it is necessary to reassign such teachers in whole or part in order to avoid adversely affecting such teachers' contract status. See WAC 180-16-223 for Temporary out-of-endorsement assignment criteria.

Appendix, Personnel Standards, OSPI

Temporary out-of-endorsement assignment WAC 180-16-223 applies to teachers only.

#### Exception/OSPI

The Superintendent of Public Instruction or his or her designee may grant an exception to compliance with any of the staff qualifications which are above and beyond certification requirements imposed by the State Board of Education, only upon the request of a school district and the provision of satisfactory assurances by the district that noncompliance: (1) is unavoidable; (2) will be temporary and not extend beyond the school year for which the exception is requested; and (3) will not likely result in a significant reduction in the quality of the district's special education program.

Employees of a school district who possess credentials as required by the State Board of Education and who were employed during the end of the 1974-75 school year in the special education program of the district shall be considered qualified for the purposes of state program approval as long as they continue in such employment with that particular district.

Appendix, Miscellaneous Section

State of Washington Rules and Regulations for Programs

Providing Services to Children with Disabilities  
WAC 392-171-701(5,6) Staff qualifications

Health Care Personnel Licensed through DOH

Nurses - Interim Permit may be issued to a graduate from an approved nursing school who has met all qualifications, has filed an application for examination and is eligible for admission to the licensing examination. This permit expires when a license is issued, when first notice of failure is received, or within one year of issuance, whichever is the earliest date. The permit is not renewable. Applies to DSHS (State Lead Agency), DOH, and OSPI.

Appendix, Personnel Standards Section, DOH  
Practical Nurse, Interim Permit RCW 18.78.060  
Registered Nurse, Permits to practice RCW 18.88.140 (paragraph 2)

Occupational Therapists - Limited Permits may be issued to a person who has met education and experience requirements and is waiting for results of licensing exam. The person must practice in association with an occupational therapist. A limited permit is valid until results of the exam are made public. One extension of this permit may be granted if the applicant has failed the exam, but during this period the person shall be under the direct supervision of an occupational therapist. This applies to DSHS, DOH, and OSPI.

Appendix, Personnel Standards Section, DOH; Limited Permits RCW 18.59.040(7)

Psychologist - A valid receipt for initial license application constitutes a temporary permit to practice psychology. The applicant must meet the educational, experience, and examination requirements. The examining board of psychology must complete action within one year of the date such receipt is issued.

Appendix, Personnel Standards Section, DOH  
Temporary Permits RCW 18.83.082, (Applies to Psychologist 5 and 6 only,  
Psychologists 1-4 work under the supervision of a Psychologist 5, DSHS and DOH)

With the exception of the circumstances described above, personnel who do not meet the licensure, certification, or highest standards are not hired. Each of the above circumstances describes a situation in which the only missing qualification is the documentation of licensure or certification. The exceptions are Emergencies where personnel not meeting the highest standards may be hired for 30 days only and Conditional Certificates.

MERIT SYSTEM RULES

The following are Merit System Rules on waivers, certification underfills and emergency appointments.

**WAC 356-22-130 Examinations--Minimum Qualifications Waived Or Modified--Examinations Modified.**

- (1) Upon the written request of the appointing authority, the Director of Personnel may waive or modify the minimum qualifications for a class to fill a vacant position on a one-time basis only when (a) there is an incomplete register following recent recruiting or recruitment history data for the particular geographic location indicate that open competitive recruitment would result in an incomplete referral; and (b) an underfill appointment is not feasible in that the position is supervisory or managerial in nature or otherwise requires the full and immediate discharge of duties and responsibilities; and (c) the Director of Personnel determines the established minimum qualifications to be appropriate under normal conditions and should not be permanently changed.
- (2) The Director of Personnel may admit to an examination an applicant who does not technically meet the published minimum qualifications if the director determines that the applicant's qualifications exceed the minimum qualifications of the class for which the examination is being conducted.
- (3) The Director of Personnel may modify or substitute, for a person of disability, an examination which in his/her judgment is substantially equivalent to the regular examination for the class and compensates for the disability of the individual to be tested when in the judgment of the director, all or portions of the examination constitutes an artificial barrier to the applicant's fully demonstrating his/her ability through the normal examination process due to the disability.
- (4) When a development plan established and administered by the Division of Human Resource Development is available for a classification, confirmed completion of this class development plan (CDP) admits the applicant to the next examination for that class.

**WAC 356-26-090 Certification - Underfill**

- (1) The Director of Personnel may authorize the underfilling of a position if a register does not have names for a complete certification following active recruiting. Upon such authorization, a certification shall be made from the next lower class in the

series or an allied class as determined by the Director. Only the number of eligible individuals needed to complete the certification will be referred from the lower level class in the series or the allied class.

- (2) Eligible personnel so certified shall be advised during the employment interview with the appointing authority of the underfill status of the appointment, which shall be confirmed in writing.
- (3) An underfilled position shall not be certified against from a subsequently developed higher register unless: the employee does not successfully complete the probationary or trial service period or the employee does not qualify for the higher level class within four months after being admitted to the examination.
- (4) Should the employee not qualify for promotion, the Rules regarding transfer, promotion, demotion, or reduction-in-force shall apply.

#### WAC 356-30-050 Appointments - Emergency - How Made - Status

- (1) When an emergency occurs requiring the immediate services of a person or persons, the appointing authority may appoint a person without following the normal procedures governing appointment. The appointment shall be based on the availability and fitness of the applicant, as well as consideration of the agency's Affirmative Action Program.
- (2) An emergency appointment of an individual shall not exceed thirty calendar days.
- (3) Service in an emergency appointment shall not constitute a part of the employee's probationary service.
- (4) The Director of Personnel shall monitor emergency appointments made pursuant to this section and may revoke delegated authority where abuse is found.

#### WAC 356-30-060 Appointments - Underfill

- (1) When an underfill appointment has been made from a certification authorized within these Rules, the employee shall be advised in writing by the appointing authority of the underfill status of the appointment.
- (2) The employee shall be paid within the salary range for the class from which certified and shall be evaluated against the standards for the lower class.
- (3) The appointing authority shall provide the additional supervision and training to prepare the employee for the duties of the higher level class.

## **M. PROCEDURAL SAFEGUARDS**

For the purposes of adopting IDEA early intervention requirements for procedural safeguards, the following definitions will apply:

1. Identification, Location and Evaluation of Children with Disabilities means Comprehensive Child Find System;
2. Confidentiality of Personal Identifiable Information means Confidentiality of Information.
3. An early intervention services provider means a local public or private service provider or agency who is providing IDEA early intervention services.
4. An early intervention services contractor means the locally designated agency or organization holding the Early Intervention Services contract with the Department of Social and Health Services (DSHS), Infant Toddler Early Intervention Program within the Division of Developmental Disabilities (DDD) assuring the services are in accordance with the approved Washington State Grant Application.

### **I. POLICY**

- A. The State Lead Agency assures procedural safeguards meet the requirements of the early intervention section of IDEA.
- B. The State Lead Agency assures effective implementation of safeguards by each early intervention services contractor and early intervention services provider in Washington that is involved in the provision of early intervention services under the early intervention section of IDEA. Interagency agreements shall be written to assure effective implementation of the early intervention section of IDEA safeguards by each public agency in the State that is involved in the provision of early intervention services under the early intervention section of IDEA.

### **II. PROCEDURES**

- A. Definitions of Consent, Native Language, and Personally Identifiable Information (see Section III Definitions)
- B. Opportunity to Examine Records:

The parents of an eligible child shall be allowed to examine, inspect and review any early intervention records relating to their child and family, to include:

1. Evaluations and assessments;
2. Eligibility determination;
3. Development and implementation of Individualized Family Service Plans;
4. Individual complaints dealing with the child; and

5. Any other area involving records about the child and the child's family.

C. Prior Notice; Native Language

Written prior notice must be given to the parent(s) of an eligible child a reasonable time before the early intervention services contractor or early intervention services provider proposes, or refuses, to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention services to the child and the family.

D. Contents of Notice

1. The notice to parents shall include:
  - a. All the procedural safeguards available to the parent;
  - a. The action proposed or refused by the early intervention service contractor or early intervention service provider;
  - b. An explanation of why they propose or refuse to take the action;
  - c. A description of any options they considered and the reasons why those options were rejected;
  - e. A description of each evaluation and assessment procedure, test, record, or report they used as a basis for the proposal or refusal, including clearly defined results of all procedures or tests; and
  - f. A description of any other factors that are relevant to the early intervention services contractor's or early intervention services provider's proposal or refusal.
2. The notice shall be:
  - a. Written in language understandable to the general public; and
  - b. Provided in the native language of the parent or other mode of communication used by the parent unless it is clearly not feasible to do so.
3. If the native language or other mode of communication of the parent is not a written language, the early intervention service provider shall take steps to assure that:
  - a. The notice is translated orally or by other means to the parent in his or her native language or other mode of communication;
  - b. The parent understands the content of the notice; and
  - c. There is written evidence that the requirements in items a and b have been met.
4. If a parent is deaf or blind, or has no written language, the mode of communication, shall be that normally used by the parent (such as sign language, Braille, or oral communication).

E. Parent Consent

1. Written parental consent shall be obtained before:
  - a. Conducting the initial evaluation and assessment of the child.
  - b. Initiating the provision of early intervention services to the child.
2. If consent is not given the early intervention services contractor, early intervention services provider, Family Resources Coordinator, or appropriate qualified personnel shall make reasonable efforts to assure that the parent:
  - c. Is fully aware of the nature of the evaluation and assessment or the services that would be available; and
  - d. Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.
3. The parent has the right to determine whether their infant or toddler or other family members will accept or decline any early intervention service in accordance with state law and may decline such service after first accepting it, without jeopardizing other early intervention services.
4. If the parent refuses consent procedures defined above Washington State Child Protective Service Law applies as appropriate. (See Appendix.)

F. Surrogate Parents

1. Each early intervention services contractor or early intervention services provider shall assure that the rights of the child eligible under this part are protected when:
  - a. No parent can be identified;
  - b. The early intervention services contractor or early intervention services provider, after reasonable efforts, cannot discover the whereabouts of a parent; or
  - c. The child is a ward of the State.
2. The duty of the State Lead Agency or early intervention services contractor or early intervention services provider under the early intervention section of IDEA includes the assignment of an individual to act as a surrogate for the parent. This duty includes the establishment of a method:
  - a. For determining whether a child needs a surrogate parent; and
  - b. For assigning a surrogate parent to the child.
3. Criteria for selection of surrogates. Each public agency, early intervention services contractor or early intervention services provider shall assure that a person is selected as a surrogate in a manner consistent with state law, and:
  - a. Has no interest that conflicts with the interests of the child he or she represents; and



- b. Has knowledge and skills that assure adequate representation of the child. (See Appendix RCW 28A.155.090, WAC 392-172-308.)
- 4. A person assigned as a surrogate may not be:
  - a. An employee of the State Lead Agency;
  - b. An employee of other state agencies; and
  - c. Any person, or any employee of a person, providing early intervention services to the infant and toddler or to any family member of the infant and toddler.
- 5. A person who otherwise qualifies as a surrogate parent under 4 above is not an "employee" solely because he or she is paid to serve as a surrogate parent.
- 6. The surrogate parent may represent a child in all matters related to:
  - a. The evaluation and assessment of the child;
  - b. Development and implementation of the child's Individualized Family Service Plan, including annual evaluation and periodic reviews;
  - c. Ongoing provision of early intervention services; and
  - d. Any other rights under the early intervention section of IDEA.

#### G. Mediation

The State Lead Agency shall assure that parties to a dispute involving any matter relating to the identification, evaluation or placement of the child or the provision of early intervention services to the child and family are offered mediation as an alternative to a formal administrative proceeding.

- 1. Mediation is voluntary on the part of both parties;
- 2. The mediation process shall not deny or delay a parent's right to an administrative proceeding or to deny any other procedural safeguards under the early intervention section of IDEA; and
- 3. If mediation occurs after a due process complaint has been filed, mediation shall not be used to deny or delay a parent's rights. The complaint must be resolved, and a written decision made, within the 30 day timeline.
- 4. Mediation shall be conducted by a qualified and impartial mediator who is trained in effective mediation techniques such as at the local dispute resolution center. (see Appendix RCW 7.75.020)
- 5. The State Lead Agency shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of early intervention services.
- 6. The State Lead Agency shall pay for the cost of mediation, including the cost of meetings as described in number 5 above.

7. Each mediation session shall be scheduled in a timely manner and shall be held in a location that is convenient to the parties of the dispute.
8. The agreement reached by the parties of the dispute shall be set forth in a written mediation agreement.
9. Discussions that occur during mediation shall be confidential and may not be used as evidence in any subsequent administrative or civil proceedings. The parties to mediation may be required to sign a confidentiality pledge prior to the beginning of mediation.

H. Resolution of Individual Child Complaints by Impartial Decision Maker

1. The parent(s) of a child may initiate an administrative proceeding to challenge the appropriateness of the early intervention services contractor or early intervention services provider's refusal of the parent request to initiate or change:
  - a. The identification, evaluation or placement of the child; or
  - b. The provision of early intervention services to the child and the child's family.
2. A request by the child's parent(s) for an administrative proceeding shall:
  - a. Be in writing;
  - b. Be mailed or provided directly to the chief administrator of the early intervention services provider; and
  - c. Explain the complaint.
3. A notice of an administrative proceeding requested by parent(s) shall be provided by the administrative proceeding officer and shall include, but not be limited to:
  - a. The date, time, and place of the administrative proceeding;
  - b. The issues to be addressed at the administrative proceeding as identified in the written complaint; and
  - c. The rights, procedures, and other matters set forth for administrative proceeding officers through final decision.
4. The early intervention services contractor will provide to DSHS, as the State Lead Agency and/or the appropriate participating agency, a copy of the complaint prior to midnight of the fifth calendar day by depositing such complaint in the United States mail.
5. If an administrative proceeding is initiated:
  - a. The administrative proceeding shall be conducted by and at the expense of the State Lead Agency or appropriate participating agency where the complaint originated.
  - b. The appropriate participating agency shall inform the parent(s) of any free or low-cost legal and other relevant services available in the area if:
    - (1) The parent requests the information; or
    - (2) The parent initiates an administrative proceeding.

- c. The administrative proceedings shall be conducted by a qualified, impartial person selected and appointed by the State Lead Agency and shall be a person who:
  - (1) Is not an employee of the State Lead Agency, early intervention services contractor, or any service provider involved in the provision of early intervention services or care of the child;
  - (2) Does not have a personal or professional interest which would conflict with his or her objectivity in implementing the process;
  - (3) Is not an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process;
  - (4) Has knowledge about the provisions of the early intervention section of IDEA and the needs of and services available for eligible children and their families;
  - (5) Performs the following duties:
    - a) Listens to the presentation of relevant viewpoints about the complaint;
    - b) Examines all information relevant to the issues and seeks to reach a timely resolution of the complaint; and
    - c) Provides a record of the proceedings including a written decision.
- 6. Any parent involved in an administrative proceeding has the right to:
  - a. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for eligible children;
  - b. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
    - a. Prohibit the introduction of any evidence at the administrative proceeding that has not been disclosed to the parent at least five days before the administrative proceeding;
  - b. Obtain a written or electronic verbatim transcription of the administrative proceeding; and
  - c. Obtain written or electronic findings of fact and decisions.
- 7. Any administrative proceeding must be carried out at a time and place that is reasonably convenient to the parents.
- 8. Not later than thirty days after the date of receipt of a request for an administrative proceeding:
  - (a) A final decision shall be reached; and

- (b) A copy of the decision consisting of the administrative proceedings officer's findings of fact, and decisions shall be mailed or provided directly to each of the parties including the head of the agency where the complaint originated and to the State Lead Agency by the administrative proceeding officer, together with a certification of the date of mailing and the parties to whom it was mailed.
- 9. The date of mailing or providing the decision to the parties shall be certified to on the first page of the decision by the person(s) who mails or provides the decision to the parties. The decision of the administrative proceeding officer shall be drafted in a manner which:
  - (a) Sets forth the findings of fact, and decisions separately, and numbers each finding of fact and decision; and
  - (b) Avoids personally identifiable information that is unnecessary in reaching and understanding the decision. The surnames of children and their parents shall be indicated by use of their last initial and shall not be spelled out.
- 10. Any party aggrieved by the findings and decision regarding an administrative proceeding has the right to bring a civil action in state or federal court. A decision made in an administrative proceeding initiated pursuant to this section is final, unless modified or overturned by a court of law.
- 11. During the pendency of any administrative or judicial proceeding regarding a complaint initiated pursuant to this section, unless the public agency, early intervention services contractor or early intervention services provider and the parent(s) of the child agree otherwise, the child involved in the complaint shall continue to receive appropriate early intervention services currently being provided.
- 12. If the complaint involves an application for initial IDEA early intervention services, the child, with the consent of the parent(s) shall receive those early intervention services that are not in dispute.

I. Confidentiality of Information-- Definition of "Early Intervention Records."

Note: The following policies and procedures meet the requirements in 34 CFR 300.560 through 300.576 (Part B regulations), Family Educational Rights to Privacy Act (FERPA) 1974 34 CFR Part 99 with the following modifications:

- Any reference to the "State Educational Agency" means the State Lead Agency Department of Social and Health Services under the early intervention section of IDEA.
- Any reference to "education of children with disabilities," "education of all children with disabilities", "provision of free appropriate public education to all children with disabilities", or "special education, related services" means the provision of services to children eligible under this part and their families.

- Any reference to participating agency when used in reference to "local educational agencies" or "intermediate educational units" means early intervention services contractor or early intervention service provider.
  - Any reference to 34 CFR 300.128 means 303.164 and 303.321.
  - Any reference to 34 CFR 300.129 means this section (303.460).
1. For the purpose of this section governing eligible child records, the term "early intervention records" shall mean those records that:
    - a. Are directly related to the child or family; and
    - b. Are maintained by an early intervention services contractor or early intervention services provider or by a party acting for the service provider.
  2. The term "early intervention records" does not include:
    - a. Records of instructional, supervisory, and administrative personnel and service delivery personnel which:
      - (1) Are in the sole possession of the maker; and
      - (2) Are not accessible or revealed to any other individual except a substitute. For the purpose of this definition, a "substitute" means an individual who performs on a temporary basis the duties of the individual who made the record and does not refer to an individual who permanently succeeds the maker of the record in his or her position.
    - b. Records of any law enforcement unit which are:
      - (1) Maintained apart from the records described in subsection 1 of this section;
      - (2) Maintained solely for law enforcement purposes; and
      - (3) Not disclosed to individuals other than law enforcement officials of the same jurisdiction: provided, that records maintained by the service provider are not disclosed to the personnel of the law enforcement unit.
    - c. Records relating to an individual who is employed by an early intervention services contractor or early intervention services provider which:
      - (1) Are made and maintained in the normal course of business;
      - (2) Relate exclusively to the individual in that individual's capacity as an employee; and
      - (3) Are not available for use for any other purposes: provided, that this exception from the definition of "early intervention records" does not apply to records relating to attendance of a parent who is employed as a result of his or her child's status as an eligible child.

J. Definitions

1. "Destruction" means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.
2. "Participating agency" means any agency or institution which collects, maintains, or uses personally identifiable information from which information is obtained.

K. Notice to Parents

1. The State Lead Agency, the early intervention services contractor and early intervention services provider shall give adequate notice to fully inform parents about the comprehensive Child Find system, including:
  - a. Description of extent that notice is given in native language of population groups in Washington;
  - b. Description of children on whom personally identifiable information is maintained, types of information sought, methods used to collect information (including the sources from whom information is gathered) and uses made of the information;
  - c. Summary of policies and procedures service providers must follow regarding storage, disclosure to third parties, retention and destruction of personally identifiable information; and
  - d. Description of all rights of parents and children regarding this information including FERPA rights.
2. Before any major identification (Child Find), location or evaluation activity, notice must be published in a newspaper or other media with circulation adequate to notify parents in the region of the activity.

L. Access Rights

1. Each early intervention services contractor or early intervention services provider shall permit parents of eligible children to inspect and review during business hours any early intervention records relating to their child or family which are collected, maintained, or used by the service provider under this section. The early intervention services contractor or the early intervention services provider shall comply with a request, without unnecessary delay and in no case later than 45 days and before any meeting regarding an Individualized Family Service Plan or administrative proceeding relating to the identification, evaluation or service to the child.

2. The right to inspect and review early intervention records under this section includes:
  - a. The right to a response from the early intervention services contractor or the early intervention services provider to reasonable requests for explanations and interpretations of the records;
  - b. The right to request that the early intervention services contractor or the early intervention services provider provide copies of the records containing the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and
  - c. The right to have a representative of the parent inspect and review records.
3. Early intervention services contractors and early intervention services providers may presume that a parent has authority to inspect and review records relating to his or her child unless advised that the parent does not have the authority under applicable state law governing such matters as guardianship, separation, and divorce.

M. Record of Access

Each early intervention services contractor or early intervention services provider shall keep a record of parties obtaining access to early intervention records collected, maintained, or used under this section (except access by parents and authorized employees of the service provider), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records.

N. Records on More Than One Child

If any early intervention record includes information on more than one child, the parent(s) of those children shall have the right to inspect and review only the information relating to their child (or themselves) or to be informed of that specific information.

O. List of Types and Locations of Information

Each early intervention services contractor or early intervention services provider shall provide parents on request a list of the types and locations of early intervention records collected, maintained, or used by the agency.

P. Fees

1. An early intervention services contractor or early intervention services provider may charge a fee for copies of records which are made for parents under this section if the fee does not effectively prevent the parents from exercising their right to inspect and review those records.
2. An early intervention services contractor or early intervention services provider may not charge a fee to search for or to retrieve information under this section.

Q. Amendment of Record at Parent's Request

1. A parent of an eligible child who believes that information in early intervention records collected, maintained, or used under this section is inaccurate or misleading or violates the privacy or other rights of the child/family may request the service provider that maintains the information to amend the information.
2. The early intervention services contractor or early intervention services provider shall decide whether to amend the information in accordance with the request within a reasonable period of time after receipt of the request.
3. If the early intervention services contractor or early intervention services provider decides to refuse to amend the information in accordance with the request, it shall inform the parent of the refusal and advise the parent of the right to an administrative proceeding.

R. Opportunity for a Hearing

The early intervention services contractor or early intervention services provider, on request, shall provide the parent an opportunity for an administrative proceeding to challenge information in early intervention records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child and family.

S. Administrative Proceeding Procedures Regarding Records

An administrative proceeding initiated pursuant to this section to challenge information in early intervention records shall be conducted according to procedures which include at least the following elements:

1. The administrative proceeding shall be held within a reasonable period of time after the early intervention services contractor or early intervention services provider has received the request;
2. The parent shall be given notice of the date, time and place reasonably in advance of the hearing;



3. The administrative proceeding may be conducted by any party, including an official of the early intervention services contractor or early intervention service provider who does not have a direct interest in the outcome of the administrative proceeding;
4. The parent shall be given a full and fair opportunity to present evidence relevant to the issues raised and may be assisted or represented by individuals of his or her choice at his or her own expense, including an attorney;
5. The early intervention services contractor or early intervention services provider shall provide a written decision to the parent within a reasonable period of time after the conclusion of the administrative proceeding; and
6. The decision of the early intervention services contractor or early intervention service provider shall:
  - a. Be based solely upon the evidence presented at the administrative proceeding; and
  - b. Include a written summary of the evidence and the reasons for the decision.

T. Result of Hearing

1. If, as a result of the administrative proceeding, the early intervention services contractor or early intervention service provider decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child and family, it shall amend the information accordingly and so inform the parent in writing.
2. If, as a result of the administrative proceeding, the early intervention services contractor or early intervention service provider decides that the information is not inaccurate, misleading or otherwise in violation of the privacy or other rights of the child and family, it shall inform the parent(s) of the right to place in the records it maintains on the child a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the agency.
3. Any explanation placed in the records of the child or family pursuant to this section shall be maintained by the early intervention services contractor or early intervention service provider as part of the records of the child or family as long as the record or contested portion is maintained.
4. If the records of the child and family or the contested portion is disclosed by the early intervention services contractor or early intervention service provider to any party, the explanation shall also be disclosed.

U. Consent

1. Consent of a parent shall be obtained before personally identifiable information is:
  - a. Disclosed to anyone other than of the early intervention services contractor or early intervention service provider collecting or using the information under this section; or
  - b. Used for any purpose other than meeting a requirement imposed by this section.
2. No early intervention services contractor or early intervention services provider shall release information from early intervention records to other agencies without the parent's consent except as permitted by the Federal Educational Rights to Privacy Act.
3. In the event that an early intervention services contractor or early intervention services provider seeks to over-ride a parent's refusal to release information from their child's early intervention records, the early intervention services contractor or early intervention service provider may initiate an administrative hearing procedure regarding records.

V. Safeguards

1. Each early intervention services contractor and early intervention service provider shall protect the confidentiality of personally identifiable information at the collection, storage, disclosure, and destruction stages.
2. The early intervention services contractor and early intervention service provider shall be designated individuals responsible for assuring the confidentiality of any personally identifiable information.
3. All persons collecting or using personally identifiable information shall receive training or instruction regarding:
  - a. The policies and procedures on protection of the confidentiality of personally identifiable information; and
  - b. Federal Educational Rights to Privacy Act
4. Early intervention services contractor and early intervention services providers shall maintain, for public inspection, a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information.

W. Destruction of Information

Early intervention services contractor and early intervention services provider shall inform parents when personally identifiable information is collected, maintained, or used pursuant to this section is no longer needed to provide early intervention services to the child and family. The information shall be destroyed at the request of the parent(s). However, a permanent record of a child or family's name, address, and

phone number, and early intervention services may be maintained without time limitation.

X. Enforcement

Policies and procedures to assure the early intervention section of Individuals with Disabilities Education Act requirements, including sanctions, are located in the Monitoring Policy and Procedures and the Interagency Agreement.

Y. Department

If the State Lead Agency or its authorized representatives collect personally identifiable information regarding an eligible child which is not subject to Federal Educational Rights to Privacy Act (FERPA) the Secretary of Education shall apply requirements of the Statute (5USC522A) and regulations implementing those provisions.

## **N. SUPERVISION AND MONITORING OF PROGRAMS**

### **I. POLICY**

- A. The State Lead Agency shall assure the general administration, supervision, and monitoring of programs and activities receiving assistance (funding) to ensure compliance.
- B. The State Lead Agency shall be responsible for:
  - 1. Monitoring of agencies, institutions, and organizations receiving assistance under the early intervention section of Individuals with Disabilities Education Act;
  - 2. Enforcing any obligations imposed on those agencies under the early intervention section of Individuals with Disabilities Education Act regulations;
  - 3. Providing technical assistance, if necessary, to those agencies, institutions, and organizations; and
  - 4. Designing a process for correction of deficiencies that are identified through monitoring.
- C. The State Lead Agency shall monitor programs and activities used by the state whether or not these programs or activities are receiving assistance (funding) under the early intervention section of the Individuals with Disabilities Education Act to assure that the State complies with the early intervention section of the Individuals with Disabilities Education Act.

### **II. PROCEDURE**

- A. The State Lead Agency shall supervise and monitor programs receiving assistance (funding) to include:
  - 1. A general schedule for monitoring. A representative sample should be used if it is not feasible to monitor all programs in a given contract year;
  - 2. Notification in advance of the monitoring schedule for that year;
  - 3. Program observations, interviews and inspection of records;
  - 4. Compiling of findings, evidence, conclusions, and recommendations; a copy of the report will be sent to the program;
  - 5. A provision for technical assistance;

## **SUPERVISION AND MONITORING OF PROGRAMS**

6. A process for how corrective action plans are shared by the monitoring team with the program within 30 days of a monitoring event;
  7. A process for follow-up to the corrective action plan; and
  8. A provision for how contingencies of non-compliance will be instituted, if necessary.
- B. Each participating agency delivering early intervention services shall develop or use their existing procedures regarding supervision and monitoring. Copies of the following will be sent to the State Lead Agency:
1. Monitoring report;
  2. Corrective action plan; and
  3. Follow up to corrective action plan.

## **O. STATE LEAD AGENCY PROCEDURES FOR RESOLVING COMPLAINTS**

### **I. POLICY**

- A. The State Lead Agency shall resolve any complaint including a complaint filed by an organization or individual from another State that any public agency or early intervention services contractor or service provider is violating a requirement of the early intervention section of IDEA by providing for the filing of a complaint with the State Lead Agency.
- B. An individual or organization may file a written, signed complaint that includes a statement that a violation of a requirement of the early intervention section of Individuals with Disabilities Education Act or the regulations and the facts on which the complaint is based.
- C. The State Lead Agency shall:
  - 1. Widely disseminate the information about filing complaints to parents and other interested individuals, including parent training centers, protection and advocacy agencies, independent living centers, and other appropriate entities about the complaint procedures; and
  - 2. Conduct in-service training sessions on the complaint process for Family Resources Coordinators.

### **II. PROCEDURES**

- A. All complaints received by the State Lead Agency shall be reviewed, a written response prepared, and appropriate action taken within 60 days after receipt of the complaint.
- B. The alleged violation must have occurred not more than one year prior to the date that the complaint is received by the State Lead Agency unless:
  - 1. A longer period is reasonable because the alleged violation is continuing; or
  - 2. The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years prior to the date the complaint is received by the State Lead Agency.
- C. An independent on-site investigation shall be carried out if the State Lead Agency determines that such an investigation is necessary.
- D. The complainant may submit additional information, either orally or in writing about the allegations.

- E. The state lead agency shall review all relevant information and make an independent determination as to whether the public agency or service provider is violating a requirement of the early intervention section of the Individuals with Disabilities Education Act.
- F. The State Lead Agency shall issue a written decision to the complainant and the public agency, early intervention services contractor, or service provider that addresses each allegation in the complaint and contains:
  - 1. Findings of fact and conclusions; and
  - 2. The reasons for the final decision.
- G. In resolving a complaint in which the State Lead Agency finds a failure to provide appropriate services, the State Lead Agency shall address:
  - 1. How to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family; and
  - 2. Appropriate future provision of services for all infants and toddlers with disabilities and their families.
- H. An extension of the 60-day time limit may occur only if exceptional circumstances exist with respect to a particular complaint.
- I. If the public agency, early intervention services contractor or service provider is determined to be in violation, the State Lead Agency shall:
  - 1. Provide technical assistance related to corrective actions;
  - 2. Negotiate corrective actions;
  - 3. Assure corrective actions are implemented in a timely manner; and
  - 4. If corrective actions are not implemented in a timely manner, funds will be held, funds will be repaid, and/or contract(s) will be terminated.
- J. If a written complaint is received that is also the subject of an administrative proceeding or contains multiple issues, of which one or more are part of the administrative proceeding, the State Lead Agency shall set aside any part of the complaint that is being addressed in the administrative proceeding until the conclusion of the proceeding.
- K. Any issue in the complaint that is not a part of the administrative proceeding shall be resolved within the 60 day timeline using the above complaint procedures

- L. If an issue is raised in a complaint that has previously been decided in an administrative proceeding involving the same parties:
  - 1. The administrative proceeding decision is binding; and
  - 2. The State Lead Agency shall inform the complainant of the decision.
- M. A complaint alleging any public agency's, early intervention services contractor's or service provider's failure to implement an administrative proceeding decision shall be resolved by the State Lead Agency.



## **P. POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS**

### **I. POLICY**

- A. The State Lead Agency shall assure that all early intervention services relating to the child's developmental needs under the early intervention section of IDEA shall be at public expense and at no cost to eligible infants and toddlers and their families.
- B. The State Lead Agency shall maintain the responsibility for administering the early intervention section of IDEA and its funds. State responsibilities are reflected in the Interagency Agreement.
- C. If Medicaid or private insurance funds are available to pay for an early intervention service, they must be used first unless this would cause the family to be unable to access the service. The inability of the parents of an eligible child to pay for early intervention services will not result in the denial of services to the child or the child's family.
- D. A sliding fee scale may be established and implemented by the State Lead Agency for early intervention services if program services costs exceed the funds available.
- E. Prior to any changes in current state policy regarding fees for early intervention services, policies shall be revised to reflect which, if any, early intervention functions or services will be subject to fees, in which case a 60 day public comment period will occur.
- F. IDEA funds for early intervention services may not be used to satisfy a financial commitment for services that otherwise would have been paid for in full or in part from another public or private source.
- G. These federal funds may be used only for early intervention services that an eligible child needs, but is not currently entitled to under any other federal, state, local or private source.
- H. The State Lead Agency assures that the following functions and services shall be provided to all eligible children and families at no cost.
  - 1. Child Find (early identification);
  - 2. Evaluation and Assessment;
  - 3. Family Resources Coordination;

## **POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS**

4. Administration and coordination of activities related to the development, review and evaluation of Individualized Family Service Plans;
  5. Implementation of procedural safeguards; and
  6. All components of the Infant Toddler Early Intervention Program.
- I. The State Lead Agency assures that:
1. Fees shall not be charged for the services that a child is otherwise entitled to receive at no cost to families; and
  2. The inability of the parents of an eligible child to pay for services shall not result in denial of services to the child or the child's family.
- J. The State Lead Agency shall identify and coordinate all available resources for the early intervention system including Federal, State, local, and private sources.
- K. The State Lead Agency shall update the information on the funding sources if a legislative or policy change is made under any one of those sources. The federal funding sources which are coordinated include:
1. Title V of the Social Security Act (relating to Maternal and Child Health);
  2. Title XIX of the Social Security Act (relating to the general Medicaid program and Early Periodic Screening, Diagnosis and Treatment (EPSDT-Healthy Kids);
  3. Parts B and C of the Individuals with Disabilities Education Act (IDEA);
  4. The Head Start Act;
  5. The Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94-103);
  6. Department of Defense (CHAMPUS); and
  7. Other Federal programs.
- L. The State Lead Agency shall assure the timely reimbursement of funds used under the early intervention section of IDEA.
- M. The State Lead Agency shall assure that no services that a child is entitled to receive are delayed or denied because of disputes among public agencies regarding financial or other responsibilities.

## **POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS**

## II. PROCEDURES

- A. IDEA early intervention funds shall be used to pay for early intervention services for eligible children and families pending resolution of disputes among public agencies. See Resolution of Individual Disputes.
- B. IDEA early intervention funds may be used to pay the provider of services pending reimbursement from the agency that has ultimate responsibility for payment.
- C. The State Lead Agency may use early intervention funds to make payments pending resolution of dispute for:
  - 1. Child Find;
  - 2. Evaluation and assessments;
  - 3. Development of Individualized Family Service Plans;
  - 4. Family Resources Coordination; and
  - 5. Early intervention services.

**Q. INTERAGENCY AGREEMENTS AND RESOLUTION OF INDIVIDUAL DISPUTES**

**I. POLICY**

- A. The State Lead Agency has entered into formal interagency agreement(s) with other state agencies involved in providing early intervention services.
- B. Each agreement includes:
  - 1. Financial responsibility of each agency for payment of early intervention services consistent with State law and the early intervention section of IDEA requirements;
  - 2. Procedures for achieving a timely resolution of intra- and interagency disputes about payments for a given service or disputes about other matters related to Washington's Infant Toddler Early Intervention Program; and
  - 3. Additional components necessary to assure effective cooperation and coordination among all agencies involved in early intervention services.

**II. PROCEDURES**

- A. Each agency shall resolve internal disputes based on their respective procedures in a timely manner.
- B. In the event that an interagency dispute arises related to this agreement or disputes about payments or other matters related to the State's early intervention program, the agencies may elect mediation to resolve the dispute or refer the dispute to the Dispute Board. In the event that mediation cannot resolve the dispute, it must be referred to the Dispute Board for timely resolution.
- C. The Dispute Board will be appointed and convened as disputes arise. The following members will comprise the Dispute Board;
  - 1. DSHS shall appoint a member to the Dispute Board;
  - 2. DCTED shall appoint a member to the Dispute Board;
  - 3. DOH shall appoint a member to the Dispute Board;
  - 4. DSB shall appoint a member to the Dispute Board;
  - 5. OSPI shall appoint a member to the Dispute Board;
  - 6. The Chair of the State Interagency Coordinating Council is a member of the Dispute Board and will serve as the Board's Chair.
- D. While disputes are pending involving payment for or provision of different

required services, DSHS shall:

1. Assign financial responsibility to an agency to the extent of the agency's responsibility to pay for services in accordance with the payer of last resort provisions; or
  2. Pay for the service in accordance with the payer of last resort provisions.
- E. If in resolving a dispute it is determined that the assignment of fiscal responsibility was inappropriate, DSHS shall reassign responsibility to the appropriate agency.
- F. Based on the outcome of the dispute resolution, DSHS shall make arrangements for reimbursement of costs incurred by the agency originally assigned the fiscal responsibility, if appropriate.
- G. The decision of the Dispute Board shall be final.
- H. To the extent necessary to ensure compliance with the Dispute Board's decision, if any agency involved in the dispute is not satisfied with the Dispute Board's decision, the agency may request the decision be referred to the Governor.
- I. DSHS assures that services are provided to eligible infants and toddlers and their families in a timely manner, pending resolution of dispute(s).

**R. POLICY FOR CONTRACTING OR OTHERWISE ARRANGING FOR SERVICE**

**I. POLICY**

- A. The State Lead Agency shall assure that contracting or making other arrangements with public or private service providers to provide early intervention services meets Washington standards and are consistent with the provisions of the early intervention section of IDEA.
- B. The State Lead Agency shall contract or make other arrangements with public or private service providers for the provisions of early intervention services.
- C. Each public or private service provider shall meet minimum standards for contracting as defined in attached policy.
- D. Awards or other arrangements shall be made through Request for Proposal, non competitive awards, intra or interagency agreements, personal services, and/or client services contracts.
- E. Each agency responsible for providing early intervention services will use their respective contracting policies to arrange for providing services.



## ADMINISTRATIVE POLICY NO. 13.06


**SUBJECT:** General Contracting and Purchasing Policy

**INFORMATION CONTACT:** Office of Contracts and Asset Management  
MS 45811; (360) 956-2020; TTY (360) 956-2073

**AUTHORIZING SOURCE:** Chapter 39.29 RCW, "Personal Service Contracts"  
Chapter 39.34 RCW, "Interlocal Cooperation Act"  
Chapter 43.19 RCW, "Department of General Administration"  
Chapter 43.105 RCW, "Department of Information Services"  
Washington Financial and Administrative Policies, Regulations, and Procedures, Part 4, Chapter 3; Office of Financial Management, July 1995  
DSHS Administrative Policy 14.07, "Control of Fixed Assets"

**EFFECTIVE DATE:** October 1, 1996

**REVISED:** June 1, 1997

**APPROVED BY:**   
Assistant Secretary for Management Services

**SUNSET REVIEW DATE:** June 1, 1999

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### **PURPOSE:**

The intent of this policy is to provide department staff with general policy direction on contracting for goods and services.

### **SCOPE:**

Two-thirds of the department's budget is contracted to a variety of sources such as state and local governmental entities, private businesses, non-profit organizations, and individual providers. This policy governs the most common categories of department contracts including Personal, Client, and Purchased Service Contracts, and Interagency Agreements.

This policy does not apply to Memoranda of Agreements between organizational units within DSHS. Such agreements are not considered contracts because the department does not contract with itself. A Memorandum between the two organizational units will suffice.

#### **ADDITIONAL GUIDANCE:**

Further information is available from OCAM or from the following publications: *Guide to Personal Service Contracting*, Office of Financial Management (July 1996); *Acquisition and Disposal of Information Technology Resources in Washington State Government Policy Guidelines*, Department of Information Services Office of Information Technology Oversight (April 1996); *General Authorities*, Department of General Administration Office of State Procurement (issued annually in July); and the Annual Delegation Memorandum issued every July by the OCAM Chief.

#### **DEFINITIONS:**

A. Contract Types (by governing authority):

**Client Service Contract** - A contract that acquires direct services for department clients (as opposed to department staff). Examples of client services include medical and dental services, employment and training programs, and residential care. These contracts are exempt from the competitive procurement and filing requirements of Chapter 39.29 RCW.

**Interagency/Intergovernmental Agreement** - A contract or agreement between the department and any public agency, political subdivision, or unit of local government of this state including, but not limited to, municipal corporations, quasi-municipal corporations, special purpose districts, and local service districts; any agency of state government; any agency of the United States; any Indian tribe recognized as such by the federal government; and any political subdivision of another state. Interagency Agreements are governed by Chapter 39.34 RCW, the Interlocal Cooperation Act.

**Information Technology Personal Service Contract** - A contract that acquires consultant or similar information technology services such as integrated requirements definition, analysis, design, construction, and testing services, or quality assurance on information technology projects. Contractors work independently of the department. Information Technology Personal Service Contracts are governed by Chapter 39.29 RCW and must comply with competitive procurement and filing requirements.

**Information Technology Purchased Service Contract** - A contract that acquires goods, equipment, or services such as computers, software, data processing, programming, and telecommunications equipment (including cellular phones). Contractors perform their work according to specifications provided by the department. These contracts are governed by the Department of Information Services (DIS) and Chapter 43.105 RCW.



**Personal Service Contract** - A contract that acquires professional or technical services for the department (as opposed to clients). Personal services are provided by a consultant to accomplish a specific study, project, task, or other work statement. Contractors work independently of the department. These contracts are governed by Chapter 39.29 RCW and must comply with competitive procurement and filing requirements.

**Purchased Service Contract** - A contract that acquires a wide variety of goods, equipment, or services to accomplish routine, continuing, and necessary functions. Contractors perform their work according to specifications provided by the department. These contracts are governed by the Department of General Administration (GA) and Chapter 43.19 RCW which allows GA to delegate purchasing authority to DSHS.

B. Contract Formats:

**Client Service Basic Terms and Conditions** - A document that contains the general terms and conditions to be used in association with a **Client Service Work Order**. The Client Service Basic Terms and Conditions alone does not bind or commit DSHS to purchase anything or spend a minimum or maximum amount of money. DSHS contractors sign the Client Service Basic Terms and Conditions which is then signed by authorized OCAM staff before any services can be acquired through a Client Service Work Order.

**Client Service Work Order** - A contract document which binds the contractor to perform a service for a specified consideration. The Client Service Work Order is used only for Client Service Contracts. The Client Service Work Order, combined with the Client Service Basic Terms and Conditions, completes the contract instrument.

**Custom Contract Format** - A format constructed by OCAM, and approved as to form by the Attorney General's Office (AGO), used to meet the specific needs of the requesting program. This contract format includes general and special terms and conditions, and a statement of work in a single instrument.

**Field Order (SF A17-A)** - A state form that acts as a legally binding contract used for purchasing goods, equipment, supplies, or services.

**Presigned Contract** - A single contract instrument that has been signed in advance by the OCAM Chief. The program requesting the service is responsible for selecting the contractor, obtaining the contractor's signature, and administering the contract.

**Purchase Requisition (SF A15-A)** - A state form used to request the purchase of goods, equipment, or services.

**POLICY:**

A. All department contracts shall:

1. Be executed on approved contract formats before any goods or services can be provided by the contractor.
2. Be reviewed and approved as to form by the Attorney General's Office (AGO).
3. Be offered **only** to contractors who meet all legal and policy requirements including those particular to the service being provided.
4. Be executed by the Secretary, or by program staff who have obtained delegated signing authority from the Secretary.
5. Be legally and technically sufficient, and include:
  - a. General terms and conditions as mandated by the Office of Contracts and Asset Management (OCAM);
  - b. Language requiring the contractor to maintain sufficient insurance to protect the department and clients;
  - c. Language necessary to protect, track, and recover assets belonging to the department; (See Administrative Policy 14.07, "Control of Fixed Assets.")
  - d. Mandatory language for audits and monitoring as required by the Single Audit Act if the contractor is a subrecipient of federal funds; and
  - e. A start and end date.
6. Be amended when consideration, period of performance, work, or other terms change.
7. Be terminated for default, when necessary, by OCAM unless the contract is administered by GA or DIS.
8. Comply with all state and federal laws, and DSHS policies including:
  - a. Statute and DSHS policies regarding Minority and Women-Owned Business Enterprises (RCW 39.29.050 and DSHS Administrative Policies 7.08, 7.09, 7.10).

- b. Chapter 42.52 RCW, the State Ethics in Public Service Law, including the prohibition against contracting with a current DSHS employee and the restrictions on contracting with a current or former state employee.
  - c. Chapter 41.06 RCW, the State Civil Service Law, including the restrictions on contracting for work traditionally performed by state employees.
- B. All Personal Service Contracts shall:
  - 1. Be requested through the use of Contract Processing Action Request (CPAR).
  - 2. Be prepared, amended and executed by OCAM in consultation with program staff.
  - 3. Not be authorized on Client Service Work Orders by program staff.
  - 4. Comply with competitive procurement and filing requirements governed by Chapter 39.29 RCW and established OCAM procurement procedures. (A state officer or employee who knowingly violates requirements outlined in Chapter 39.29 RCW is subject to a civil penalty of \$300.)
- C. Client Service Contracts shall:
  - 1. Comply with DSHS Administrative Policy 13.07, Client Service Contracts.
  - 2. Be acquired through one of the following formats:
    - a. A Client Service Work Order prepared, executed, and amended by program staff who have obtained delegated signing authority from the Secretary;
    - b. A Custom Contract prepared, executed, and amended by OCAM in consultation with the program; or
    - c. A Presigned Contract prepared, signed, and amended by OCAM and issued, managed and monitored by the program.
  - 3. Be awarded through a Client Service Work Order only after verification that a Client Service Basic Terms and Conditions has been signed by the contractor and received by OCAM.
  - 4. Not be awarded to another governmental entity. (Note: Client Services provided by another governmental entity shall be acquired through an Interagency/Intergovernmental Agreement.)

D. Interagency/Intergovernmental Agreements:

1. Shall be executed by OCAM staff on contract instruments best suited to the circumstances and approved as to form by the AGO.
2. Shall be used whenever something of value is provided to or received by DSHS from another governmental entity.
3. May be executed by program staff if an exception to policy is approved in writing by OCAM, and delegated signing authority is obtained from the Secretary.

E. Information Technology Purchased Service Contracts shall:

1. Comply with Administrative Policy 13.08, Information Technology Purchased Goods and Services.
2. Be requested through the use of an Information Technology Purchase Request (ITPR) form.
3. Be prepared, executed, and amended by OCAM in consultation with program staff, or obtained by OCAM using an existing DIS contract.
4. Be consistent with the department's strategic information technology and technology standards plans, and approved by the Information System Services Division (ISSD) when consideration is \$50,000 or more.
5. Not be used to procure information technology personal services such as independent analytical work related to information technology projects.
6. Be reviewed by OCAM and OFM to determine governing law when the acquisition is a mixture of purchased and personal services.

F. Information Technology Personal Service Contracts shall:

1. Comply with all policies that apply to Personal Service Contracts. (See Section B of this policy.)
2. Be reviewed by OCAM to determine governing law when the acquisition is a mixture of purchased and personal services.

G. Purchased Services (excludes Information Technology Purchased Services)

Each year the Department of General Administration (GA) delegates purchase authority to DSHS in accordance with Chapter 43.19 RCW. This authority is referred to as the "general authority" and permits DSHS to purchase certain categories of

goods, equipment, supplies, and services. After receiving this authority, OCAM issues the Annual Delegation Memorandum to department staff that explains how to purchase through the general authority including setting specific dollar limitations for field offices and institutions.

1. OCAM shall function as the department liaison with vendors and OSP for the purchase of equipment, supplies, services, rentals, leases, and lease/purchases governed by Chapter 43.19 RCW.

2. Purchased services shall comply with:

- a. The Annual Delegation Memo issued by OCAM each July which includes general and specific delegated authorities for purchasing.
- b. Administrative Policy 13.09, Purchased Goods and Services.
- c. Department asset management inventory policy and procedures which specify inventory that must be tagged and recorded into the Agency Inventory System (AIS). (Refer to Administrative Policy 14.07, Control of Fixed Assets, for further information.)

H. Space and Buildings

OCAM does not manage the purchase, lease, or rental of space and/or buildings. Contact the DSHS Lands and Buildings Division for further information and assistance.



## ADMINISTRATIVE POLICY NO. 13.07.

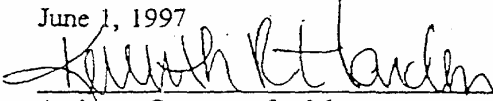
**SUBJECT:** Client Service Contracts

**INFORMATION CONTACT:** Office of Contracts and Asset Management  
MS 45811; (360) 956-2020; TTY (360) 956-2073

**AUTHORIZING SOURCE:** Chapter 39.29 RCW, "Personal Service Contracts"  
DSHS Administrative Policy 13.06, "General Contracting Policy"

**EFFECTIVE DATE:** October 31, 1996

**REVISED:** June 1, 1997

**APPROVED BY:**   
Assistant Secretary for Management Services

**SUNSET REVIEW DATE:** June 1, 1999

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### **PURPOSE:**

To provide department staff with direction on contracting for client services.

### **SCOPE:**

Two-thirds of the department's budget is contracted out to a variety of sources. The majority of these contracts are Client Service Contracts. This policy governs all Client Service Contracts.

This policy does not apply to Personal Service Contracts that acquire services such as consultation or training for department staff; Interagency Agreements that acquire services from other governmental entities; or Purchased Service Contracts that acquire goods, equipment, and services.

**DEFINITIONS:**

**Client Service Basic Terms and Conditions** - A document that contains the general terms and conditions to be used in association with a **Client Service Work Order**. The Client Service Basic Terms and Conditions alone does not bind or commit DSHS to purchase anything or spend a minimum or maximum amount of money. DSHS contractors sign the Client Service Basic Terms and Conditions which is then signed by OCAM staff before any services can be acquired through a Client Service Work Order.

**Client Service Contract** - A contract that acquires direct services for department clients (as opposed to department staff). Examples of client services include medical and dental services, employment and training programs, and residential care. These contracts are exempt from the competitive procurement and filing requirements of Chapter 39.29 RCW.

**Client Service Work Order** - A contract document which binds the contractor to perform a service for a specified consideration. The Client Service Work Order, combined with the Client Service Basic Terms and Conditions, completes the contract instrument.

**Client Services Directory** - A list of client services for which the department routinely contracts. These services are identified by Service and Utility Codes, and corresponding descriptions. Programs enter the applicable codes onto the Client Service Work Order and spell out code descriptions in incorporated attachments.

**Custom Contract Format** - A single contract instrument constructed by OCAM and approved as to form by the Attorney General's Office (AGO), and used to meet the specific needs of the requesting program. This contract format includes general and special terms and conditions and a statement of work in a single instrument.

**Execute** - To commence the contractual agreement by obtaining the signatures of both parties.

**Presigned Contract** - A single contract instrument that has been signed in advance by the OCAM Chief. The program requesting the service is responsible for selecting and screening the contractor, obtaining the contractor's signature, and administering the contract.

**Special Terms** - Contract language which goes beyond the general terms and conditions which govern all department contracts. Special Terms address such matters as billing, record keeping, and statement of work.

**POLICY:**

A. All Client Service Contracts shall:

1. Comply with DSHS Administrative Policy 13.06, General Contracting and Purchasing Policy.

2. Comply with Chapter 42.52 RCW, the State Ethics in Public Service Law, including the prohibition against contracting with a current DSHS employee and restrictions on contracting with a current or former state employee.
3. Comply with Chapter 41.06 RCW, the State Civil Service Law, including restrictions on contracting for work traditionally performed by state employees. (The DSHS Employee Services Division (ESD) shall approve all questionable contracted services.)
4. Be executed by OCAM or program staff who have obtained delegated signing authority from the Secretary.
5. Be offered to contractors who meet all legal and policy requirements including those particular to the service being provided.
6. Include a start and end date.
7. Include the exact address of the facility.
8. Be terminated by OCAM whenever the reason is for default due to performance problems.
9. Use one of the following formats: Presigned Contract, Client Service Work Order, or Custom Contract.

B. The Presigned Contract

1. Presigned Contracts shall be:
  - a. Prepared and executed by OCAM in consultation with the program, and countersigned by program staff as an additional control.
  - b. Reproduced and distributed by programs to eligible contractors.
  - c. Used whenever possible for high volume services performed by individual providers.
  - d. Generally available to all qualified providers.
2. When a Presigned Contract format is used, program staff are responsible for ensuring:
  - a. The choice of contractor does not violate the State Ethics in Public Service law (Chapter 42.52 RCW).



- b. The contractor meets all program-specific screening requirements as specified by state and federal law, and by program policy. For example, many contractors must have a criminal history check prior to providing service to vulnerable clients.
    - c. The contract is managed, tracked, and monitored by the program as outlined in a Memorandum of Agreement between OCAM and the program.
  - 3. When a Presigned Contract format is used, **OCAM is responsible** for ensuring:
    - a. The contracted service does not violate the State Civil Service Law (Chapter 41.06 RCW).
    - b. The contract is legally and technically sufficient, and includes mandatory general terms and conditions.
    - c. The contract is approved as to form by the Attorney General's Office (AGO).
- C. The Client Service Work Order
  - 1. Client Service Work Orders shall:
    - a. Be prepared by program staff on formats approved by OCAM and the AGO.
    - b. Include Service and Utility Codes, and corresponding written descriptions from the Client Services Directory.
    - c. Be prepared by program staff, in consultation with OCAM, if desired codes or language are not found in the Client Services Directory.
    - d. Be executed by program staff who have obtained delegated signing authority from the Secretary.
  - 2. When a Client Service Work Order is used, **program staff are responsible** for ensuring:
    - a. There is a Client Service Basic Terms and Conditions on file with OCAM before executing a Client Service Work Order.
    - b. The choice of contractor does not violate the State Ethics in Public Service law (Chapter 42.52 RCW).

- c. The contractor meets all program-specific screening requirements as specified by state and federal law, and by program policy. For example, many contractors must have a criminal history check prior to providing service to vulnerable clients.
  - d. The contracted service does not violate the State Civil Service Law (Chapter 41.06 RCW).
  - e. The Client Service Work Order is in a format approved by OCAM and the AGO.
  - f. The Client Service Work Order contains all Service and Utility Codes necessary to itemize expectations specific to this work and to adequately protect the department.
  - g. All Service and Utility Codes are spelled out in an incorporated attachment that has been initialed by both the contractor and program staff.
3. When a Client Service Work Order is used, OCAM is responsible for:
- a. Executing the Client Service Basic Terms and Conditions and distributing a copy to the contractor.
  - b. Establishing and maintaining the official contract file.
  - c. Preparing and distributing a work order format for use by programs which is approved as to form by the AGO.
  - d. Providing consultation to programs on developing language and codes for services not contained in the Client Services Directory.
  - e. Assisting the programs with obtaining required approvals from ESD.
  - f. Providing consultation to programs so that they may comply with the State Ethics in Public Service law (Chapter 42.52 RCW) and Civil Service law (Chapter 41.06 RCW).

D. The Custom Contract

- 1. Custom Contract Formats:
  - a. Are used for contracts resulting from a competitive procurement, informal solicitation, or at the discretion of the program when complex or lengthy contract language is necessary.

- b. Shall be prepared and executed by OCAM in collaboration with the program.
  - c. Shall use a format approved by the Attorney General's Office (AGO).
  - d. Require more preparation time than other contract formats.
- 2. When a Custom Contract Format is used, **program staff** are responsible for:
  - a. Submitting a Contract Processing Action Request (CPAR) to OCAM with a statement of work or draft contract attached.
  - b. Informing OCAM of all laws, regulations, and policies governing the services acquired through the contract.
  - c. Working closely with OCAM on preparation and completion of the final document.
  - d. Ensuring the contractor meets all program-specific screening requirements as specified by state and federal law, and by program policy. For example, many contractors must have a criminal history check prior to providing service to vulnerable clients.
- 3. When a Custom Contract Format is used, **OCAM** is responsible for ensuring:
  - a. The choice of contractor does not violate the State Ethics in Public Service law (Chapter 42.52 RCW).
  - b. The contracted service does not violate the State Civil Service Law (Chapter 41.06 RCW).
  - c. The contract includes mandatory general terms and conditions identified by the Attorney General's Office (AGO).
  - d. The contract is legally and technically sufficient.
  - e. Copies of the executed contract and/or amendment are distributed to the program and the contractor.
  - f. An official contract file is established and maintained which includes the original contract, all amendments, and related documents.

E. Subrecipients of Federal Funds

Some contractors are official "subrecipients" of federal funds and must comply with the Single Audit Act. Subrecipient means any person, governmental entity, or nonprofit agency receiving qualified federal financial assistance from the department and to whom the department delegates the federal program policy and authorization responsibility. Programs contracting with subrecipients shall ensure the contract includes the requirement for an annual audit. See Administrative Policy 16.07, Single Audit Act Responsibilities, for additional information.

F. The following chart depicts the common Client Service Contract formats, characteristics, and uses.

Contract Format	Characteristics	Uses
Presigned Contract	<ul style="list-style-type: none"> <li>• A single form completes the contract instrument.</li> <li>• Executed in advance by the OCAM Chief.</li> <li>• Reproduced in large quantities to meet program needs.</li> <li>• Dispensed, managed and tracked by the program.</li> </ul>	<ul style="list-style-type: none"> <li>• High volume, individual contractors who provide similar services. Examples include Core Provider Agreements and Adult Family Home Contracts.</li> <li>• Available to all who are qualified to perform the service.</li> </ul>
Client Service Work	<ul style="list-style-type: none"> <li>• Two forms complete the contract instrument.</li> <li>• Client Service Basic Terms and Conditions.</li> <li>• Client Service Work Order executed by program staff with signing authority delegated by the Secretary.</li> </ul>	<ul style="list-style-type: none"> <li>• Timelines are short.</li> <li>• Contract with individuals as well as non-governmental entities.</li> <li>• Contractor used by more than one department administration.</li> <li>• Avoids multiple contracts with the same provider.</li> <li>• Common types of client services found in the Client Service Directory.</li> </ul>
Custom Contract	<ul style="list-style-type: none"> <li>• A single form completes the contract instrument.</li> <li>• Prepared and executed by OCAM in collaboration with program staff.</li> <li>• Instrument approved by Attorney General's Office.</li> </ul>	<ul style="list-style-type: none"> <li>• Complex, lengthy, or custom language needed.</li> <li>• Flexibility to add or modify contract clauses.</li> <li>• Service descriptions not found in Client Services Directory.</li> <li>• Required for most contracts resulting from competitive procurement or informal solicitation.</li> </ul>

## **S. DATA COLLECTION**

### **I. POLICY**

- A. The State Lead Agency has procedures to compile data on the statewide system. This shall include a process for collecting data from the various agencies and early intervention services contractors and service providers in the state. Such data shall be provided at the time and in the manner specified by the Secretary of the United States Department of Education.
- B. The State Lead Agency shall compile data on:
  - 1. The numbers of infants and toddlers with disabilities, by race and ethnicity, who are receiving early intervention services;
  - 2. The number of infants and toddlers with disabilities, by race and ethnicity, who stopped receiving early intervention services because of program completion or for other reasons; and
  - 3. Other information required by the Secretary of the U. S. Department of Education.
- C. The State Lead Agency may use appropriate sampling methods. Sampling methods will be described if used to report to the Secretary of the Department of Education.

### **II. PROCEDURE**

- A. The State Lead Agency shall compile data by:
  - 1. Requiring the early intervention services contractor to submit data reports which include the following:
    - a. The number of children receiving services, by race and ethnicity;
    - b. The number of children by race and ethnicity, who stopped receiving services because of program completion, or other reasons;
    - c. The number and types of services provided;
    - d. The number and type of service professionals involved in service delivery;
    - e. The settings where early intervention services are provided; and
    - f. Other information requested by the State Lead Agency, SICC or U. S. Department of Education.
  - 2. Gathering data from existing information systems managed by state agencies who administer funds or provide early intervention services.

- B. In each case, the data collection forms to be used will be designed to gather

information required by the U.S. Department of Education, Office of Special Education Programs and will be based on the forms approved for states to report the data required by the Secretary of the U. S. Department of Education.